



University of Venda

**A REFORMED CHURCH PERSPECTIVE ON “MUTHUSO WA VHANA” (VHAVENDA
TRADITIONAL IMMUNISATION PRACTICE): A CASE STUDY OF THE
SOUTPANSBERG SYNOD OF THE REFORMED CHURCHES IN SOUTH AFRICA.**

BY

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Abstract

Muthuso wa vhana is a ritual that the Reformed churches in South Africa object to. The study focuses on investigating the understanding of the members of the Reformed Churches about *Muthuso wa vhana*. *Muthuso wa vhana* is a ritual done by the traditional doctor to prepare the newborn child to live a healthy life on earth and to be protected against evil spirits and the risk of being affected by diseases such as *ngoma* and *lathavha*. The reason is that the child must be protected, and the child should not have a problem when he plays or finds himself or herself among the children who have gone under the ritual *Muthuso wa vhana*. *Muthuso wa vhana* is to treat a newborn child with medicine to protect the child against diseases and evil spirits before the child is allowed to go out of the hut. After the umbilical cord fell off, the family summoned the traditional doctor to come and treat the child with traditional medicine. The Vhavenda people believe that if the traditional doctor has treated the child, he or she is safe to go out of the hut. An explorative research design using qualitative methodology was adopted in this study. The literature review provides an account of ongoing discussions by other scholars and researchers on related topics. Individual interviews were conducted to obtain data from mothers who hold beliefs about *Muthuso wa vhana*, even though they are church members, and regard *Muthuso wa vhana* as a wrong practice for Christians. The population for this study consisted of mothers who know *Muthuso wa vhana*, traditional healers, both women and men, pastors, and parents who have taken their children to *Muthuso wa vhana*. The age of the population ranges from 43 to 80 years. The research adopted the following steps to analyse the data: familiarisation, indexing, charting, mapping, and interpretation. The research findings explored the community's knowledge and understanding of *Muthuso wa vhana*, including its various forms like taboo, *Tshiunza*, incision/sacrificial immunisation, and giving a name, along with the purpose behind these practices, such as disease prevention and protection from witchcraft. The church's position on *Muthuso wa vhana* is discussed, highlighting doctrinal considerations and scriptural references. Additionally, the study examines reasons for the church's adherence to *Muthuso wa vhana*, including religious and cultural factors, challenges faced by the community, fears regarding consequences and death, and pressures from family members.

Key Words: Immunisation, *Muthuso wa vhana*, Rites of Passage, Traditional Practices, Venda Culture

Declaration

I, **Ntsieni Mawedzha**, hereby declare that this is a full dissertation submitted to the department of human sciences in fulfilment of the requirements for the topic titled “*A Reformed Church Perspective On “Muthuso wa vhana” (Vhavenda Traditional Immunisation Practice): A Case Study Of The Soutpansberg Synod Of The Reformed Churches In South Africa*”, hereby submitted by me, has not been submitted previously for a degree at this or any other University and that it is my work in design and execution, and that all reference material contained therein has been duly acknowledged.

Signed:



.....

Date:

06/11/2024

.....

Dedication

I would like to dedicate this study to the **Ntsieni family** and the **Reformed Church** for the support they gave me throughout my study.

Acknowledgement

First and foremost, I would like to thank the all-powerful God for always being there for me, despite the challenges that arose; through Him, it was possible. I also want to thank my family for their unwavering support throughout my academic journey. I could not have completed this study without them. More so, my wife, **Ndemedzo Athiathu Mawedzha**, and the **Reformed Church Mutale church council** for all their social and financial support. Additionally, to my siblings for their support throughout the research process; they made time for me when I needed it, despite their busy schedule. Last but not least, **Redruth Tshikulumela**, who supported me when I needed him most, even though the schedule was tense. Lastly, my sincere gratitude to my supervisor, **Dr H.P. Khosa**, my co-supervisor, **Rev. M.E. Muthivhi**, and all the respondents to my research.

List of Abbreviations

RC: Reformed Church

DRC: Dutch Reformed Church

QDA: Qualitative Data Analysis

Table Of Contents

Abstract.....	i
Declaration	ii
Dedication.....	iii
Acknowledgement	iv
List of Abbreviations	v
Chapter One: Introduction and background.....	1
1.1. Introduction.....	1
1.2. Background of the Study	1
1.3. Problem Statement	3
1.4. Aim of the Study	4
1.4.1. Objectives of the study	4
1.4.2. Research Questions	4
1.5. Significance of the study	5
1.6. Definition of Key Concepts.....	5
1.6.1. <i>Muthuso wa vhana</i>	5
1.6.2. Reformed Church	5
1.6.3. Culture	6
1.6.4. Religion	6
1.6.5. Rituals	6
1.7. Chapter Summary	6
Chapter Two: Literature Review and Theoretical Framework.....	8
2.1. Introduction.....	8
2.2. Brief History of the Dutch Reformed Church	8
2.2.1. 1600-1700 Century	9

2.2.2. 1800-1900 Century	10
2.2.3. 20 Century.....	10
2.2.4. Foundation of the Reformed Church.....	11
2.2.4.1. Belief system of the Reformed Church.....	11
2.2.4.2. Way of Worship of Reformed Church	12
2.3. African Customs (Norms and Values).....	12
2.3.1. Implication Of African Customs like (<i>muthuso wa vhana</i>) to African Communities	14
2.3.1.1. Cultural Identity.....	14
2.3.1.2. Enculturation.....	15
2.3.1.3. Social Cohesion.....	16
2.3.1.4. Spirituality and Religion.....	17
2.3.1.5. Rites of Passage.....	18
2.3.1.6. Cultural Preservation	20
2.3.1.7. African Conflict Resolution	21
2.3.1.8. African Healing and Medicine.....	22
2.3.1.9. African Customary Laws	22
2.4. <i>Muthuso wa vhana</i>	24
2.4.1. Types of <i>Muthuso wa vhana</i>	26
2.4.1.1. Taboos.....	26
2.4.1.2. Tshiunza or Nutritional Immunisation	29
2.4.1.3. Scarification immunisation.....	29
2.4.1.4. Giving a Name to A Child.....	31
2.4.2. Significance of Practising <i>Muthuso wa vhana</i>	35
2.4.2.1. Protection of an Infant from Diseases	35

2.4.2.1.1. Types of Diseases Prevented by Muthuso WaVhana	36
2.4.2.2. Protect the child from Witchcraft or evil People.....	38
2.4.2.3. Give the Child Dignity (<i>Tshirunzi</i>)	39
2.4.2.4. Emotional Support	39
2.4.2.5. Guidance.....	40
2.4.2.6. Social Cohesion.....	40
2.4.2.7. Cultural Preservation	40
2.5. Views Of the Dutch Reformed Church Towards the African Cultural Practices	40
2.6. Relationship between the Dutch Reformed Church and Africans towards the African Practice.....	42
2.6.1. Biblical Opposition to Certain African Traditional Practices	42
2.6.2. Biblical Support for Certain Aspects of African Cultural Practices.....	45
2.7. Reasons for the Reformed Adherence to African Cultural Practice although it is Against the Dutch Reformed Church Teaching	46
2.7.1. Cultural Significance and Identity	46
2.7.2. Spiritual Beliefs and African Healers	47
2.7.3. Perceived Success or Effectiveness.....	48
2.7.4. Limited Access to Modern Healthcare.....	50
2.7.5. Social Norms and Peer Pressure	50
2.7.6. Fear of Penalties.....	52
2.7.7. Lack of Awareness and Education.....	53
2.8. Theoretical Framework.....	54
2.8.1. Inculturation Theory.....	54
2.9. Chapter Summary	57
Chapter Three: Research Design and Methodology	58
3.1. Introduction.....	58

3.2. Research methodology	58
3.3. Research Paradigm.....	59
3.3.1. Interpretivism Approach	60
3.4. Research Approach.....	61
3.4.1. Qualitative Research Approach	61
3.5. Research Design.....	63
3.5.1. Exploratory Qualitative Research Design.....	64
3.6. Location of the Study.....	65
3.7. Population of the Study	66
3.8. Sampling Procedure.....	67
3.8.1. Non-Probability Sampling.....	67
3.8.1.1. Purposive Sampling.....	68
3.8.1.2. Snowball Sampling	69
3.9. Data Collection Instrument	69
3.9.1. Semi-structured Interviews.....	70
3.10. Data Analysis	72
3.10.1. Thematic Data Analysis.....	73
3.11. Ethical consideration	77
3.11.1. Permission to conduct research from local authorities.	77
3.11.2. Informed consent.....	77
3.11.3. Anonymity	78
3.11.4. Confidentiality.....	79
3.11.5. Voluntary Participation and the Right to Withdraw at Any Time	80
3.11.6. No harmful deception of subjects.....	80
3.11.7. No harm to participants	80

3.11.8. Permission for Notetaking and Audio Recording	81
3.12. Measures to Ensure Trustworthiness	81
3.12.1. Credibility	81
3.12.2. Transferability.....	81
3.12.3. Confirmability	82
3.12.4. Dependability	82
3.13. Delimitation	83
3.14. Chapter Summary	83
Chapter Four: Data Analysis and Interpretation	84
4.1. Introduction.....	84
4.2. Key Findings: Explore A Reformed Church Perspective On “ <i>Muthuso wa vhana</i> ” (Vhavenda Traditional Immunisation Practice): A Case Study of The Soutpansberg Synod	84
4.3. What is the Reformed Church Christian understanding and description concerning <i>Muthuso wa vhana</i> ?	85
Theme 1: Knowledge about <i>Muthuso wa vhana</i>	85
Sub-theme 1.1: Understanding of the kinds of <i>Muthuso wa vhana</i>	89
Category 1: Taboo	89
Category 2: Tshiunza	89
Category 3: Incision/Sacrificial Immunisation.....	90
Category 4: Giving a name.....	91
Sub-theme 1.2: Purpose of <i>Muthuso wa vhana</i>	93
Category 1: Prevention from Diseases	93
Sub-Category 1.1: Knowledge of the Kinds of Diseases	94
Sub-Category 1.1.1: Lathavha/Davhi.....	94
Sub-Category 1.1.2: Tshifumbu	95

Sub-Category 1.1.3: Misho	95
Sub-Category 1.1.4: Gokhonya	96
Sub-Category 1.2: Protect the child from Witchcraft	98
4.4. How is Muthuso wa vhana against Reformed belief and teachings, or is it part of every culture?.....	99
Theme 2: Position of the Church on Muthuso wa vhana	99
Sub-theme 2.1: Church Doctrine versus Muthuso wa vhana	100
Category 1: Yes, it is not against the church Doctrine.....	100
Category 2: No, it is against the church doctrine.....	100
Sub-theme 2.2: Scriptural Reference for Muthuso wa vhana	103
4.5. Why do Reformed Church people adhere to perform Muthuso wa vhana while the church is objecting to this ritual?	107
Theme 3: Reasons For the Reformed Adherence to Perform Muthuso wa vhana.....	107
Sub-theme 3.1: Religion and Culture	107
Sub-theme 3.2: Facing Difficulties	108
Sub-theme 3.3: Fear (Consequences, Death, and Evil People).....	109
Sub-theme 3.4: Pressure from Family	110
4.6. Chapter Summary	112
Chapter Five: Recommendations and Conclusion	114
5.1. Recommendations.....	114
5.1.1. Recommendations to the Church.....	114
5.1.2. Recommendations to the Communities.....	114
5.1.3. Recommendations to the Future Researchers.....	115
5.2. Conclusion	115
6. References.....	116
Appendices	142

Appendix A: Letter Requesting Participation.....	142
Appendix B: Informed Consent Letter	143
Appendix C: Semi-Structured Interview Guide.....	144
Appendix D: Turnit-In Report.....	148
Appendix E: Letter from the Editor	149

Chapter One: Introduction and background

1.1. Introduction

The study sought to explore a reformed church perspective on “*muthuso wa vhana*” (Vhavenda traditional immunisation practice): A Case Study of the Soutpansberg Synod of the Reformed Churches in South Africa. This section focused on the background of the study, in which the study focused on the background of *Muthuso wa vhana*. Also, the problem statement is discussed, which shows the reason why this study can be studied by identifying the problem. More so, the aim of the study, which consisted of the research objectives of the study and research questions, is also provided. The significance of the study showed how important it is to the community, and lastly, the definition of key terms is provided in this chapter.

1.2. Background of the Study

The subject of this investigation pertains to a demographic cohort belonging to the Vhavenda, a cultural group situated in the Vhembe district, which is the northernmost region of the Limpopo Province in South Africa (Sibadela, 2023:40). According to Vhavenda, *muthuso wa vhana* is a ritual done by the traditional doctor to prepare the newly born child to live a healthy life on earth and to be protected against evil spirits and the risk of being affected by diseases (Adu-Gyamfi, and Anderson, 2019:19) such as *ngoma*¹ and *lathavha*². The reason is that the child must be protected, and the child should not have a problem when he or she plays or finds himself or herself among the children who have gone through the ritual *muthuso wa vhana*. According to Sibadela (2023:45) the practice of *Muthuso wa vhana* involves administering traditional medicine by a traditional healer to a new-born to provide protection against the malevolent magical effects that might be done upon the child by evil people and protect a child from diseases such as *gokhonya*³ and *tshifumbu*⁴. This ritual is performed before allowing the child to leave the confines of the dwelling

¹ ¹ According to Sibadela (2023:40), *ngoma* refers to any disease of infants of which the symptom considered characteristic is a sunken fontanelle.

² *Lathavha*, sometimes referred to as *Davhi*, is a term used to describe a “condition that affects newborns, marked by signs like agitation, weeping, and difficulties in sleeping,” according to Chauke, Madlome, and Chauke (2021:150).

³ According to Adu-Gyamfi, and Anderson, (2019), *gokhonya* could refer to a culturally specific illness or condition that may involve certain symptoms recognized by the community. It might also refer to a form of spiritual or physical ailment that requires traditional healing practices, such as rituals or herbal treatments, to alleviate.

⁴ Balick, and Cox, (2020) stated that “*tshifumbu*” likely refers to traditional healing practices or conditions treated by traditional healers. It might denote a category of ailments that are specifically addressed using herbal medicine,

(Alemie, and Mandefro, 2018:20). After the umbilical cord falls off, the family summons the traditional doctor to come and treat the child with medicine. Balick, and Cox, (2020:60) denoted that the traditional doctors will cut the foot and hand nails, remove the hair on the forehead, and burn them. Balick, and Cox, (2020:10) stressed that the traditional doctor will then make small incisions on all joints of the child's body. African traditional doctor will take the maize kernel and roll it over every incision. Alemie, and Mandefro, (2018:20) denoted that this maize kernel will be taken to the mountain and thrown away, there after the doctor finishes his or her work. The assumption is that the wild animal, such as a baboon, will eat that maize kernel. According to Adu-Gyamfi, and Anderson, (2019:41), the Vhavenda believe that the child will not be affected by diseases, such as *misho*⁵. A small amount of powdered medicine made from burned foot and hand nails is applied by the individual to each of the incisions (Alemie, and Mandefro, 2018:13). The Vhavenda people believe that if the traditional doctor has treated the child, he or she will be safe to go out of the hut (Balick, and Cox, 2020).

The Pedi people call it to *go thusa ngwana* referring to *muthuso wa vhana*. According to Agadjanian, (2020:27) *go thusa ngwana* consists of two separate actions. The initial step involves a customary practice referred to as "*go papatela*," which entails the smoothing of a child's head. Adu-Gyamfi, and Anderson, (2019:72) stated that during the procedure, the traditional doctor administers a medicinal concoction to the newborn, which is subsequently blended with water procured by the infant's mother and applied to the child's cranium for treatment. Adu-Gyamfi, and Anderson, (2019:41) stressed that the child's hair is shaved off and there is a difference in how they shave the hair between the boy and the girl. This process prepares the infant, before emerging from isolation, to exhibit the physical traits specific to its community (Adu-Gyamfi, and Anderson, 2019:39).

The subsequent activity, referred to as "*go tsetsa*," pertains to the act of fortifying or reinforcing. In this context, the child is undergoing a process of preparation to confront the malevolent forces present in the world beyond their seclusion (Alemie, and Mandefro, 2018:20). This entails

spiritual healing, and other traditional methods. Conditions falling under "Tshifumbu" would be those that the community believes require the expertise of a healer.

⁵ As noted by Alemie, and Mandefro, (2018) *misho*" might be linked to conditions or diseases that are believed to be cured or managed through prayers or blessings. In many traditional cultures, certain illnesses are thought to be the result of spiritual imbalances or curses, and "Misho" could denote such conditions where spiritual intervention is a primary mode of treatment.

removing the child from the *lephoko's* protective confines, which previously protected the hut. In traditional medicine, a medicinal substance called *tshidi* is applied to a broken potsherd and ignited by the attending traditional doctor (Adu-Gyamfi, and Anderson, 2019:54). The attending traditional doctor then holds the child in question, exposing him to the resulting smoke. The traditional doctor proceeds to create minor surgical openings on the primary articulations of the infant, including but not limited to the ankles, knees, hips, neck, shoulders, elbows, wrists, and temples (Adu-Gyamfi, and Anderson, 2019:79). The traditional doctor applies a small amount of powdered medicine to each of the incisions. Certain traditional doctors employ a medication derived from a fragment of a baboon's cranium, which is subsequently pulverised with the root (Balick, and Cox, 2020). Alemie, and Mandefro, (2018:20) denoted those African traditional healers mixed the powder with oil and applied the medicine where they had made an incision and into the baby's fontanelle, believing that the child would grow fast and strong.

According to African beliefs, when a child is born, he or she must go through the rites of passage, *muthuso wa vhana* (Alemie, and Mandefro, 2018:10). Africans believe that failing to perform the ritual will expose a child to diseases that affect children who do not go under the ritual *muthuso wa vhana* (Alemie, and Mandefro, 2018:11). According to Mbiti (2015:20), Africans have a proclivity for commemorating the essence of existence. Celebratory activities commemorate various events in both individual and community lives. Alemie, and Mandefro, (2018:20) stressed that various events are encompassed in this category, such as the arrival of a new-born, the act of naming, the rite of circumcision and other initiation rituals, the union of marriage, the commemoration of the deceased, the celebration of bountiful harvests, the supplication for precipitation, and numerous additional ceremonies (Balick, and Cox, 2020:19). The entire community widely recognizes and adheres to certain rituals and ceremonies performed at the familial level.

1.3. Problem Statement

The Reformed Churches in South Africa, more so in the Soutpansberg Synod, face a multifaceted dilemma of reconciling the *muthuso wa vhana* practice, a traditional Vhavenda ritual of immunisation for children, with their faith. This practice, which is an integral part of the Vhavenda people, is believed to protect one from all forms of physical and spiritual injustices. On the contrary, The Reformed Church doesn't accept the *muthuso wa vhana* practice and encourages its

members to refrain from this cultural practice. The prohibition of the church has caused some friction among the members of the congregation who feel that they should appreciate their culture but at the same time practice the church's tenets. This case study sets out to understand the levels of this conflict in relation to its effects on individual church members and the church as a whole.

Knowledge Gap:

In the case of Reformed Churches in the Soutpansberg Synod, there seems to be very few explanations to why their congregation members engage in *muthuso wa vhana* rituals despite the church being against such practices. Most of the existing works tend to concentrate on church's teachings regarding the issue but omit how significant the practice is to its adherents. In addition, the members' faith community and identity respectful at the church is also not studied in relation to the church's sanctions of its members. Filling this gap is necessary for appreciating the extent of these cultural and religious strains and addressing them concerning activity with other cultures within the church.

1.4. Aim of the Study

The study seeks to explore a reformed church perspective on "*muthuso wa vhana*" (Vhavenda traditional immunisation practice): A case study of the Soutpansberg Synod of the reformed churches in South Africa.

1.4.1. Objectives of the study

The following research objectives are formulated to direct the study:

- To explore the Reformed Christian's understanding concerning *Muthuso wa vhana*.
- To determine if *muthuso wa vhana* is against Reformed Church belief and teachings or if it is part of every culture.
- To determine the reasons for the Reformed Church adherence to perform *muthuso wa vhana* although against the church teaching.

1.4.2. Research Questions

The research questions are as follows:

- What is the Reformed Christian's understanding concerning *Muthuso wa vhana*?

- ❑ How is *muthuso wa vhana* against Reformed Church belief and teachings, or is it part of every culture?
- ❑ Why does Reformed Church adherence perform *muthuso wa vhana* while the church is objecting to this ritual?

1.5. Significance of the study

This study endeavour is poised to make a theoretical contribution. The analysis of participant data and literature reviews form the foundation of the study's theoretical framework. Its goal is to explain how children are treated according to African beliefs and to investigate the underlying rationale for such practices. The forthcoming topic provides a comprehensive understanding of the measures taken to safeguard children. The cultural practices of *Muthuso wa vhana* hold significant value in safeguarding the welfare of children within the Vhavenda community. The outcomes of this investigation serve to support diverse stakeholders, including the community, family, scholars, indigenous knowledge custodians, and religious institutions at large. The outcomes of this study are expected to be advantageous for academics, as they will stimulate their curiosity and encourage them to conduct additional research on the subject matter.

1.6. Definition of Key Concepts

Definitions of key concepts and phrases are extremely important. The following are the key concept definitions used throughout the study.

1.6.1. *Muthuso wa vhana*

Mahwasane (2012:8), *muthuso ndi musu hu na tshibebwa mudini, tshi khou thavhuliwa uri tshi kone u tshila kha lifhasi la vhathu vhothe*⁶.

1.6.2. Reformed Church

Hyde (2010:3) asserts that we categorize Reformed churches as Christian churches due to their lineage tracing back to the early Christian church. Reformed churches, like the early Christian church, recognize the Bible as the authoritative Word of God and hold it in high regard as such. The Reformed Church, grounded in the authority of the Holy Scriptures,

⁶ Loosely translated: meaning in the event of born infant in the family, being inoculated so that it can survive in the humanly world of all.

acknowledges, and affirms the ecumenical creeds of the early church, namely the Apostles', Nicene, and Athanasian creeds.

1.6.3. Culture

Ladzani (2014:19) defined culture as the “shared patterns of behaviour, beliefs, and practises among a specific group of people with a particular language”.

1.6.4. Religion

Religion is “an African context, Religion - holistically construed - captures spirituality, culture, society and nature as one. It is more than an attitude or a practice as this is a way of life that entails respect for the past, values and most importantly nature and the deity.” (Smith 2019:20). Durkheim’s perspective, as cited by Crawford (2002:03), posits that religion is a “is seldom at any point in time separated from one’s daily life, actions, culture and even the people. Such beliefs are African in nature as they look at the physical, spiritual and even ancestral worlds in a balanced mixed manner”.

1.6.5. Rituals

Agadjanian (2020:20) defined a ritual as a “method by which mankind regulates, constructs, orders, fashions, or crafts a way to be completely human and it saves, heals, and restores”.

1.7. Chapter Summary

In summation, the study sought to explore a reformed church perspective on “*muthuso wa vhana*” (Vhavenda traditional immunisation practice): a Case Study of the Soutpansberg Synod of The Reformed Churches in South Africa. The study critically examines the historical background of *Muthuso wa vhana*. Additionally, the study's problem statement elucidates the rationale for conducting this study by pinpointing a specific problem and its corresponding knowledge gap. The researcher discussed the study's aim, its research objectives, and its research questions. Also, the significance of the study, which showed how important the study is to the community, and the definition of key terms were also provided.

Chapter Two: Literature Review and Theoretical Framework

2.1. Introduction

Chapter 2 focused on two elements, namely the literature review and the theoretical framework of the topic in question. The first section relates to the literature review which focuses on the understanding or the nature of the Reformed church's doctrinal perspective about African customs, *muthuso wa vhana*, and the intersection between the African and the Dutch Reformed Church approach towards *muthuso wa vhana*. Also, exploring the Reformed Christian's understanding and description concerning *muthuso wa vhana*, determining if *muthuso wa vhana* is against Reformed belief and teachings or if it is part of every culture. Determining the reasons for the reformed adherence to performing *muthuso wa vhana* although against the Dutch Reformed Church teaching. More so, the study discussed the origin and the background of the Dutch Reformed Church to have a better understanding of the church itself. The last element focuses on the Inculturation theory in which several theologians and scholars, including Karl Rahner, Henri de Lubac, and Yves Congar, were influential in shaping the concept of inculturation.

2.2. Brief History of the Dutch Reformed Church

The Dutch Reformed Church was founded by John Calvin of Switzerland in 1500 (Benedict, 2018:25). In other words, the Reformed Church, which is also known as a protestant Church, is a branch of Christianity that emerged during the protest Reformation in the 16th Century. To be precise on the 4th of October 1571 Eden Germany, some theologians shaped the formation of the Church. Benedict, (2018) stated that the Dutch Reformed Church was the Dutch Reformed Church mainly Protestantism and its primary focus was reformation or renovation. Also, it is known as a movement of the Dutch Reformed Church because of the countries that it spread to which is why it became the Dutch Reformed Church in the countries like the Netherlands.

Most of the Churches around the world came from the Roman Catholic including the Dutch Reformed Church which is one of the oldest in the world (Benedict, 2018:10). However, because of the doctrine of the Catholic Church, many people decided to stand up against it for example, Martin Luther, especially around the areas of European regions that are around the 1500s which is where the Dutch Reformed Church was instigated and later formed by John Calvin, but it was the

idea of Luther (Benedict, 2018). To concur, Collett (2017:10) denoted that people who were against the Church doctrine of John Calvin feared of being excommunicated from the church.

On 10th February 1859, fifteen brothers decided to isolate themselves from the Dutch Reformed Church and had a meeting in which they enrolled almost three hundred members of Gereformeerde Kerke (Baloyi, 2018:04). Moreover, around the 19th Century, as the Dutch Reformed Church used books as a way of worship, they later introduced another hymn book which was introduced in Dutch churches around the nation of Netherlands and implemented in Dutch Reformed Church in Cape Colony. On that note, many people were against the songs which were sung in these hymns and the doctrines which were introduced (Baloyi, 2018:06). According to Benadé, and Niemandt (2019:10) the formation of the Dutch Reformed Church in Africa (which consisted of the evangelistic characteristic) was mainly targeting the Hindu and Muslim groups of Indian heritage. More so, it began operations as the Indian Dutch Reformed Church on the seventh of August the year 1968 and later amended the denomination to the Dutch Reformed Church in Africa. According to research, Protestants constitute more than half of the inhabitants of the African continent (Benadé and Niemandt, 2019:15).

As noted by Hinson, (2021:10) Sub-Saharan Africa is expected to host over forty per cent of the continent's Christian population by the decade 2060, based upon data gathered by Pew Research Institute. The Dutch Reformed Church as a denomination has local outreaches in Botswana and Mozambique although some churches support missionaries in Burundi, and this suggests that they are given a special opportunity to share the Good News with others. Additionally, there are going to be difficulties for Christians, even if they take on new identities and characteristics. The Dutch Reformed Churches are required to act in passionate commitment to the Almighty as noted in the book of *Romans Chapter 12-16* as well as cling to the beautiful benefits of God's merciful redemption in Yeshua as pointed out in the bible in *Romans Chapter 01-11*. Our Christian conduct will be consistent with what the Holy Scriptures instruct if we are proud of the theological basis of our Protestant faith (Hinson, 2021:11).

2.2.1. 1600-1700 Century

Around 16-17th centuries the Dutch Reformed Church was later introduced though at that time it was called the Dutch Reformed Church. In 1628, the Dutch Reformed Church was formed in the small colonial town of Amsterdam. According to Kruger, and Van der Merwe (2017:06), Jan van

Riebeeck formally established the Dutch Reformed Church (DRC) of South Africa in 1652 and it was so easy to transplant the Dutch Reformed Church around South Africa because they were colonised by the Netherlands which brought the church. The history of the Dutch Reformed Church was entwined with politics, in which the Dutch Reformed Church was supported by the politics in which it established separation and stratification of the people of South Africa according to race (Kruger and Van der Merwe, 2017:07).

2.2.2. 1800-1900 Century

According to Kgatla, and Magwira (2015:369) around 1986, because the Dutch Reformed Church supported the system of apartheid of social segregation, the Black, Coloured and White people as reflected in the establishment of churches of these three groups, it was later expelled from the World Alliance of Reformed Churches. Kgatla and Magwira stressed that because of the apartheid, blacks were segregated by white people inside the church, hence, in 1986 the Dutch Reformed Church repented and started allowing black people into the Dutch Reformed Church as it was history in making (Kgatla and Magwira, 2015:370).

However, others argued that the Christian Dutch Reformed Church originated in 1944 around Durban due to the revival that broke out by Dr D.J.J. de Vos, who started the Dutch Reformed Church and later died (Kruger and Van der Merwe, 2017:06). The Dutch Reformed Church emphasises the necessity for everyone to pursue redemption in the Savior and is Protestant in theology and evangelical in the Dutch Reformed Church activity. The African Protestant statements, such as the Westminster Confession, the Heidelberg Catechism, the Belgic Confession, the Canons of Dordt, and especially the 39 Articles of Association, outline the church's views. All statements, obviously, still must yield to the Bible, as it is our final authority (Kruger, and Van der Merwe, 2017:09).

2.2.3. 20 Century

In the 20th Century, theology was formed due to the growth of the doctrine of the Reformed church. This theology school's main purpose was to train its ministers or pastors about the doctrine of the Dutch Reformed Church, which was founded by Gereformeerde Kerke around the Potchefstroom University College for Higher Christian Education, now the Northwest University South Africa (Ramantswana, 2015:12). In countries in the sub-Saharan like Switzerland people wanted to follow the word of God closely and to shun away untruthfulness or misconception, then the founder of

The Dutch Reformed Church came and preached the work of God having same ideologies in which many people repented because of his doctrine that he preached (Ramantswana, 2015:13). John Calvin preached the word around Europe making sure that people would understand the word in which he trained people like John Knox who came from Scotland in which he was against the doctrine which was coming from Roma and became a leader there and words spread around Scotland and affected many religions of the Americans (Ramantswana, 2015:15).

Ramantswana (2015:15) stressed that the Reformed Church's perspective places more emphasis on God's will and reign in what happens to us. Further, the Dutch Reformed Churches were founded on five parts of the statement. For instance, the Dutch Reformed Church is committed to defending, proclaiming, and embodying the Bible's message because it strongly believes that it represents the Lord's everlasting message to humanity (Mofokeng, 2017:55). Furthermore, the Dutch Reformed Church declares that evangelisation cannot succeed absent the help of the Holy Spirit's miraculous action that regeneration and rejuvenation are impossible absent it, and consequently all the Church's efforts are in vain. Moreover, according to The Dutch Reformed Church doctrine, a Christian congregation ought to engage in charitable giving and missionary preaching within the community in which they live (Martin, 2018:30).

2.2.4. Foundation of the Reformed Church

Keifert and Granberg-Michaelson (2019:19) denoted that the Dutch Reformed Church holds that all converted Christians are fundamentally united in their creation by God's oneness. Also, it has committed to promoting this kind of unity regardless of ecclesiastical boundaries (Noll, Komline, and Komline, 2022:10). In addition, if there remains no stifling of the Dutch Reformed Church in Africa's evangelizing testimony, it will increase institutional unity within the RCA with others who hold an identical conviction (Pillay, 2018:29). Keifert, and Granberg-Michaelson (2019:20) denoted that Reformed Church declares that the unconditional repudiation of all forms of enmity, tyranny, and wickedness is necessary for the establishment of the will of God of righteousness, peace, and love.

2.2.4.1. Belief system of the Reformed Church

The Dutch Reformed Churches were founded on "endorsing the beliefs that Christians do not earn their salvation but that it is wholly undeserved gifted (grace) from God and the good works are Christian responses to that gift." Reformed Christians hold the same beliefs as other adherents of

Christianity, namely the doctrine of the Trinity which is God the Father, God the Son and God the Holy Spirit. In other words, it is the concept that there is only one God encompassed of three persons: the Godhead, the Son, who is known as Jesus, as well as the Person of the Holy Spirit (*Isaiah 48:16; Matthew 3:16–17; Matthew 28:19; John 6:27; Romans 1:7; 1 Peter 1:1–2; John 1:1 and 14; Romans 9:5 to mention but a few*). The Dutch Reformed Church places a strong emphasis on the preaching of the Word and the Administration of the Sacraments, especially the Lord's Supper and Baptism. More so, Christians embrace both the services of entanglement and the Eucharist, also known as the Eucharist or the Lord's Supper, and see the Word of God as the only unswerving source of truth (*Matthew 26:17–29; Mark 14:12–25; Luke 22:7–38; and 1 Corinthians 11:23–25*). The Reformed denomination is like any other organization, like other Protestant assemblies, holds that salvation is a result of believing in God, rather than one's works (*Philippians 2:11*). According to Blackaby, Blackaby, and King (2021:30), the RC believe that God is currently deciding who will and who will not get saved.

2.2.4.2. Way of Worship of Reformed Church

As noted by Huston (2016:24) the Reformed churches adhere to the African way of worshipping for example, *assembling twice every week*. Palmer (2015) added that the Dutch Reformed Church's way of worship is following the biblical scriptures, sermons, singing, and praying in all parts of the sessions. Also, in terms of their prayer life, they recite it without the use of instrumentation which was the sole form of musical accompaniment in the early Reformed churches (Choi, 2015). Many of the churches nowadays still incorporate musicians of numerous types into their services, while others have moved away from that heritage (*Ephesians 5:19 and Colossians 3:16*). The Lord's Supper, which is often known as the Eucharist, is observed in Reformed churches. However, the Eucharistic Communion is not observed weekly in many communities (*as noted in Matthew 26:17–29; Mark 14:12–25; Luke 22:7–38; and 1 Corinthians 11:23–25*).

2.3. African Customs (Norms and Values)

Michalopoulos and Papaioannou, (2020) stated that it is quite important to understand that all African people adhere to and are governed by African customs. Every society or community to function and be what it is today it is because African people adhere to African customs which to this day, they still adhere to them (Shirayev, and Levy, 2020:51), for example, the *muthuso wa*

*vhana*⁷ for the Venda tribe. African or traditional customs help in bringing peace, and order to the community. Nevertheless, with the coming in of Western people with their Western practices in many African countries, African people began to abandon their customs and their cultural practices. According to Young (2020:100), most African people lost their human rights through slavery or cheap labour by their Western people.

Although African customs like *muthuso wa vhana* are very complex, like a fabric of various cultures, ceremonies, and behaviours differ greatly throughout the region due to its huge cultural and ethnic variety (Eaude, 2019:18). Therefore, it is critical to realise that Africans do not constitute an incorporated country, and traditions can vary greatly from area to area. African customs like *muthuso wa vhana* can vary widely from one culture to another, but they often serve several common functions (Kleinman, 2020:32). African cultural practices like *muthuso wa vhana* intensely entrenched practices and rituals that have been passed down through generations within specific cultures and societies (Lebaka, 2019:09) and these customs are an integral part of a community's uniqueness, determining its values, beliefs, and way of life.

Kleinman, (2020:32) there exist several African rites like *muthuso wa vhana* that vary according to culture. For instance, many African nations have naming ceremonies, when children are given names that hold special meanings. Furthermore, the initiation rites performed by the Xhosa people (*ukutwala*) are customarily carried out to mark the passage of boys into men throughout several cultures (Msuya, 2021:42). In addition, the bride-price, or dowry, is paid in the form of live stocks (ceremonies), a ritual that is mostly followed by the Maasai people of East Africa (Moscona and Seck, 2021:31), Ghanaian funeral customs involve performing rituals to respect the departed and console the bereaved.

⁷ According to Mahwasane (2012:08) u thusa ndi musu hu na tshibwebwa mudini, tshi tshi khou thavhuliwa uri tshi kone u tshila kha lifhasi la vhathu vhothe. Mahwasane (2020:27), the African doctor makes incisions on a baby's joints to strengthen them when walking. Also, Sibadela (2023:45) corroborates this notion, stating that *muthuso wa vhana* involves administering African medicine to a new-born to provide immunity against malevolent magical practises performed by an African healer before allowing the child to venture outside of the dwelling. According to Mahwasane (2020:16), newborn children are immunised so that they are not attacked by bad spirits and that illness does not constantly affect the child.

However, many African practices are still observed today, such as the *muthuso wa vhana* practised by the Vhavenda, in which an African healer is summoned to execute a rite that has special meaning for both parents after they are born (Luhailima, Mulovhedzi, and Thuketana, 2023:270). Therefore, this discussion is much focused on the Vhavenda tribe on *muthuso wa vhana*.

2.3.1. Implication Of African Customs like (*muthuso wa vhana*) to African Communities

2.3.1.1. Cultural Identity

African customs help in identifying a certain culture. Cultural identity is very significant in African customs to African communities. It covers a wide variety of features that jointly determine the individuality of a certain group. The maintenance of historic practices is an essential part of a person's cultural identity (Trung and Van, 2020:223). Traditions like these acts as an effective manner of differentiating a particular community from a different one, aiding in the preservation of the feeling of distinctiveness and identity (Cloutier and Ravasi, 2020:1199).

More so, the cultural resolutions have historically incorporated components of daily life such as spoken language, ceremonies, clothes, art, and gastronomy. They serve as a storehouse of a society's shared wisdom, situations, and beliefs, providing a real and metaphorical link to past events (Lonardi, and Unterpertinger, 2022:2729). For example, it is more than just a method of conversation; it is an indication of how a society views and communicates its perspective on the world. Anderson, and Foley, (2019:53) denoted that the rites and customs for example, *muthuso wa vhana* have profound metaphorical significance that relates people to previous generations and the mystical components of their cultural background. African clothing not only represents an area's artistic choices, but it also transmits an awareness of belonging and self-identification (Anderson and Foley, 2019:54).

In addition, these African cultural practices like *muthuso wa vhana* do not remain unchanging; they change throughout time as communities communicate with outside forces and adjust to shifting conditions (Cai, Huang, and Jing, 2019:1000) and they continue to serve an important role in sustaining an organisation's cultural identity. African tribes like Vhavenda protect the continuation of their different generation by preserving and handing down these rituals to children to come, for example, the *muthuso wa vhana*. In this manner, cultural identity remains an act of

pride or a potent magnet that unifies people inside a group of people, establishing a common feeling of peace and cohesiveness (Sinthumule and Mashau, 2020:15).

2.3.1.2. Enculturation

African customs help in passing knowledge from one generation to another which is called enculturation. Enculturation⁸ helps many African people to keep knowledge or African customs from decaying or eroding. Such African traditions for example *muthuso wa vhana* serve as a channel for passing down not just practical expertise, but additionally profound understanding and ideals gathered over centuries (Bruchac, 2014:15). Kovach (2021:50) stressed that the elderly in society frequently play an important role in instructing and mentoring children concerning these rituals during this phase of life.

To concur, enculturation grows around the transmission of cultural information, which includes an extensive selection of understanding, such as *muthuso wa vhana* (van Leersum-Bekebrede, Sonnenberg, De Kock, and Barnard, 2019:180). Elders, which are the keepers of this information or knowledge holders, oversee passing on the intricacies of these practices like *muthuso wa vhana* and embracing practical characteristics like farming operations, craftsmanship, and African medical care procedures (Kovach, 2021:50). In addition, Kovach, (2021:55) stressed that they express the more deeply spiritual meaning underlying these practices, which are frequently closely linked to the society's philosophy and religious opinions.

Furthermore, these practices like *muthuso wa vhana* serve as a means of transmitting ethical concepts and ideals. A strong bond with the natural world and its inhabitants, as well as a feeling of obligation as well as reverence for some, are all ingrained by elders (Ssebunya, Morgan, and Okyere-Manu, 2019:180). To stress more, Ssebunya, Morgan, and Okyere-Manu, (2019:183) denoted that elders in the community develop a strong feeling of cultural identification and being connected in the process, preparing young people for their duties in the neighbourhood. In addition to being a method of teaching, sharing data across ages also serves to reinforce ties throughout them. More youthful neighbours look up towards their older people for advice and understanding,

⁸ Enculturation is the transmission of information through customary traditions, and it is viewed as a crucial process for sustaining a neighbourhood's historical culture and assuring the preservation of its distinctive characteristics (Singh, Kumar, Singh, and Singhal, 2020:16).

which cultivates a feeling of confidence and reverence. As a result, the seniors feel pleasure in having preserved their cultural heritage as well as joy in their job as guardians (Klopper, 2019:28).

Klopper (2019:28) stated that African traditions have a crucial role in maintaining cultural wisdom and morals within a group of people. More so, elders, who serve as social gatekeepers, are responsible for passing on their understanding to the next generation, which helps to preserve the community's collective recollections and tradition. In other words, this method of transferring information not only helps people get ready for their responsibilities in society as a whole but also profoundly preserves the fundamental principles of culture and its development (Arshad, Hina, and Tariq, 2020:288).

2.3.1.3. Social Cohesion

African customs help every culture to create unity or togetherness i.e. cohesion. Cohesion⁹ has been identified as a significance of African customs to African communities. It gauges how successfully members of a group cooperate, coexist peacefully, and have a commonality of identity (Paolini, White, Tropp, Turner, Page-Gould, Barlow, and Gómez, 2021:30). The preservation and enhancement of social cohesiveness is an essential component of society, and cultural traditions are vital in fostering and preserving this feeling of collaboration (Kraft, 2020:143). African customs function as an element of unification, drawing members of a group collectively and creating a strong sense of friendship and shared goals. (Kiptoo, 2020:40). Paolini, *et al.*, (2021:37) postulated that a community typically participates in a variety of practices, ceremonies, and feasts that are part of conventional practices like *muthuso wa vhana*. These tend to be group activities that inspire individuals to join collectively rather than isolated pursuits. The objective of traditions like *muthuso wa vhana*, be it an occasion of faith, an agricultural celebration, or a group Labor initiative, is to bring individuals together, forge ties, and fortify the links among them (Asmal and Latief, 2023: 8167).

In addition, engaging in these African traditions like *muthuso wa vhana* promotes a feeling of community and common identity (Kiptoo, 2020:41). Paolini, White, Tropp, Turner, Page-Gould, Barlow, and Gómez, (2021:39) stressed that Africans learn that they have become a part of a group with distinct customs and beliefs (*muthuso wa vhana*), and bigger than self. Because Africans in

⁹ A community's or society's level of interaction and closeness is referred to as social cohesiveness (Kraft, 2020:143).

the communities collaborate on guaranteeing the accomplishment and maintenance of these traditions, these customs foster a feeling of accountability in their participants (Chilisa, 2019:16) and they become more deeply interdependent on one another because of their common dedication to maintaining tradition.

Furthermore, African traditions from the past frequently act as forums for the sharing of circumstances, information, and tales and elders (in the community) may impart knowledge to the generations to come, teaching them not just useful skills, but also the principles of culture and traditions that characterize the society (Ikuenobe, 2018:29). More so, Ikuenobe, (2018:30), stressed that African people may learn from their common ancestry and the hardships and victories of their ancestors via these practices. The community's feeling of stability and togetherness is reinforced by this common story. Cultural customs give a structure for communicating feelings, aiding, and strengthening the bonds between people during happy and sad times (Asmal and Latief, 2023: 8167).

2.3.1.4. Spirituality and Religion

In every society or community, there is religion which leads to spirituality. So, spirituality and religion are part and parcel of our African customs which builds a society. The conventional method traditions have a significant and frequently holy category because of the close ties between religion and spirituality (Herzog, *et al.*, 2020:437). Numerous of these actions have associations with faith and act as a conduit between people and the higher power or ancestors. These observances comprise an intricate web of rites, festivals, and events that serve two purposes: they preserve traditions from previous generations and offer an intellectual basis for values such as ethics and ethical conduct (Akinremi, and Maram, 2020:110). Religion is frequently expressed in these things through deeply spiritual rites and practices. These rituals are more than just cultural customs (*muthuso wa vhana*); they provide a means for people to establish a rapport with the divinity or ask for divine favour (Ammerman, 2020:49).

These traditions frequently provide the group's ethical encouragement, offering a guide for ethical standards and upright conduct and embody the neighbourhood's wisdom, providing direction on matters like considerate behaviour toward others, sustainability, and peaceful cohabitation (Eko and Putranto, 2019:342). These traditions' religious underpinnings emphasise the value of ethics like compassion, trustworthiness, and compassion, which helps to mould society's code of conduct

(Huda, *et al.*, 2020:150). The viewpoint of a community is frequently supported by faith and prayer, which aid in people's interpretation of their surroundings (Malone, and Dadswell, 2018:28) and these rituals can be a repository of comfort and direction during challenging moments and constitute a basis for endurance, optimism, and a belief.

2.3.1.5. Rites of Passage

A vital component of many ancient traditions, rites of passage mark important life changes inside a group in a significant way. These periods of change include a person's birth, forthcoming years of age, the union, and death, among other life stages of development (Justice, 2018:17). Traditions, events, and figurative acts with deep societal and theological significance are often part of customs of passage (*muthuso wa vhana*), which are intended to acknowledge and commemorate these significant occasions (Wead, 2018:54). In every community, the birth of a child is a significant occasion that is often commemorated with unique customs like *muthuso wa vhana*. In addition to welcoming the baby into the family and wishing them safeguard and luck for their coming years, these practices (*muthuso wa vhana*) may involve happiness, naming celebrations (Malone, 2013:380), and other laws surrounding union are especially important and frequently rank among the more complex rites of passage.

These traditions honour the joining of two people and the beginning of an entirely different family (Harrell, 2018:45) and their companies are distinguished by customs that stand for fidelity, love, and the joining of separate households. Customs surrounding marriage place a strong emphasis on the value of maintaining cultural values and connections to others inside a neighbourhood (Daka, 2020:20). Though firmly anchored in convention, rites of passage also function as a vehicle for passing along societal norms, information, and ethical behaviour to the next generation (Weichold, Mahama, and Fehmer, 2023:25). In addition, they are effective instruments for guaranteeing the survival of local customs and maintaining ethnicity. By following these traditions, people not only commemorate significant life events but also reinforce their sense of belonging and shared cultural heritage within the community (Edensor, 2020:13).

According to the Vhavenda, the day a child is immunised or the day after a child has been immunised, she or he will be given a name that is called *muthuso wa vhana*. According to Bamidele (2018:9), naming ceremonies are a common practice in Yoruba culture. The arrival of a newborn infant is a joyous occasion. This linguistic group lives in compounds; a family with a new child

anticipates celebratory visits from neighbours and relatives. They honestly observe crucial events ranging from conception through childbirth. These findings serve as the foundation for naming children. According to Sibadela (2023:45), in certain cultures, it is customary for parents to slaughter an animal, typically a goat or bull, on the third day following the birth of their child. A significant number of individuals partake in the celebratory event alongside the family members, while the female members convene to bestow a name upon the newborn. The primary dish served during this event is commonly known as *'ngima'*. In many instances, the given name of an individual was indicative of the events or circumstances occurring within their family. If a child was born during a good harvest of maize meal or when there is plenty of food, he or she may be named *Mudalo*. African societies pay close attention to and carefully select names for their offspring. According to Bamidele (2010:09), an African name personifies the individual, tells a story about the bearer's parents and family, and, in a broader sense, alludes to the ideals of the society into which the individual is born.

This idea is supported by Agadjanian, (2020:29) when he says that “most names originating from Africa possess a semantic significance”. The act of naming offspring holds significant cultural and social value, as evidenced by the prevalence of ceremonial practises surrounding the event across various societies. The person who is responsible for naming a child is the aunt because she is the one who has a responsibility to speak to the ancestors on behalf of the family. As this is supported by Matshidze, (2013) when she speaks of purpose of *Makhadzi* in a royal family:

“Makhadzi is believed to possess the ability to communicate with deceased members of makhadzi perform ceremonial rituals that involve libations and prayers to honour the royal lineage. Her actions can be interpreted as a form of homage to the deceased. It is a widely held belief that the deceased transforms into ancestors, and as such, the departed” (Matshidze, 2013:46).

Therefore, these rituals are intended to bestow upon the living the blessings of rain, fertility, and happiness. A child can also be named by someone else, such as a grandmother or an uncle. This is also confirmed by Sibadela (2023:45) who alludes that typically, the designation is bestowed by either the paternal aunt, known as *makhadzi*, or the paternal uncle, referred to as *khotsimunene*. In the absence of either, an alternative member of the familial line may assume this responsibility. According to Morning (1967:103), in *Pedi culture*, the nomenclature of an individual is typically determined by the mother. However, it is the paternal family that ultimately holds the

responsibility of making the final decision, with a particular emphasis on the father's eldest sister. The role of the child's father's sister to name a child exists not only in the Vhavenda culture but across various African culture.

According to the Western/Colonial culture a child is named after baptism, however, if the child was named based on the African culture immediate after baptism, that Western name will be considered his or her second name. Roman Catholic Church, the practice of naming a child after a saint is not new. It is an ancient practice with great significance, and properly so. Canon Law number 855 requires parents to give their child a Christian name upon baptism. Baptism is a *muthuso* from the Christian perspective for spiritual immunisation. According to Edet (1992:30), at childbirth, a woman is segregated for one month or more. The end of segregation is marked by rites of purification and reintegration into the community, accompanied by feasting and exhibition. The Vhavenda African child immunisation and that of Christianity share the common desired effects using different routes.

2.3.1.6. Cultural Preservation

African customs help every culture in preserving our culture or protecting it. One of the main purposes of African traditions in the community is to preserve its culture for example preserving *muthuso wa vhana* (Połeć, and Murawska, 2021:120). Cultural significance and distinctive characteristics of a culture are all woven into its traditions, which act as a living weaving. Collectively, their extensive and varied history is remembered by using a variety of techniques like storytelling, art, and rituals. Reserving tradition and preserving the neighbourhood's shared past for posterity will depend on this safeguarding, which goes beyond simple sentimentality (Nilson, and Thorell, 2018:20). For instance, one of the greatest effective methods for preserving culture is oral tradition and narratives have been passed down orally among several groups, passing down knowledge from one era to the following.

In addition, Bishop, (2023:10), denoted that the African methods of artistic mediums like movement, sculpture, painting, and music frequently capture the visual appeal and social norms of an area. Assmann, (2019:100) stressed that these interpretations of art can portray more information concerning historical occurrences and social mores. A person can connect emotionally and spiritually through art, which also evokes feelings of fondness and pride in society (Stellar, *et al.*, 2017:203). Shiri, Howard, and Farnel, (2022:100), stated that the implementation of practices

that are essential to oral tradition is encouraged and kept alive by artwork. More so, Ogwu, and Osawaru, (2022:455) postulated that the ongoing survival of culture greatly depends on ceremonies and practices, many of which are connected to long-standing traditions.

2.3.1.7. African Conflict Resolution

African customs in each society are important because they help in resolving conflict amongst African people and because of its values and norms that are adhered to. According to Jeong (2017:75), resolving conflicts and upholding social stability are essential components of many ancient practices, since they promote social peace and happiness in society. Strongly ingrained in an area's customs lifestyle and culture, these processes frequently function as successful avenues for amicably settling disputes (Ejere, 2021:59). More so, these may include the use of customary standards and guidelines or a resolution of conflicts by well-respected individuals in the people living there (Getha-Taylor, *et al.*, 2019:55).

In addition, Tshishonga, and Sithole, (2022:56), stated that African customary rules and standards may also be applied following African traditions, and these rules and customs represent the community's conception of equality and equity and are firmly rooted in its past. Getha-Taylor *et al.*, (2019:50) denoted that they frequently hinge on precepts that prioritize making amends, fostering peace-making, and upholding societal peace. More so, implementing these rules to judge conflicts may fall within the purview of conventional tribunals or municipalities, which would make sure that the administration of justice is carried out in line with the customs of the society (Mbacho, 2021:50). Furthermore, using African disagreement resolution techniques helps to preserve neighbourhood social cohesion in addition to resolving conflicts. By maintaining the norms and values that connect individuals and exchanges throughout society, such traditions support social cohesiveness (Bultema, 2022:100).

Therefore, the relationship between the conflict resolution and the study is that the effectiveness of faith in modifying cultural practices. The church struggles within the Venda community over the Muthuso wa Vhana, because this practice incorporates rituals and customs that belong to inherently traditional religion. Already from the Rethinking mission framework, conflicts emerge within the culture because, for instance, certain cultures seem to have practices that contradict Christian beliefs. The issue, in this case, is how to resolve all these practices without antagonizing the church and the non-church fortifying the Venda self. This is mostly possible with help of

dialogues between church authority and reigning cultural practices, where aspects of mutual concern, for instance, that of children's welfare, health as well as practices inculcated by the church are harmonized. Can the church strive to help in that harmony? One may do so, by showing empathy, understanding and seeking collaboration in achieving that aim in order to contain any potential conflicts between the indigenous belief systems and the Christian faith.

2.3.1.8. African Healing and Medicine

African customs help in every culture in making African people know or be aware of the type of African traditional healing. According to Adu-Gyamfi, and Anderson (2019:79), for many years, African traditional methods of healing have been an essential part of healthcare, having become ingrained in the customs and culture of many different countries. These methods include a comprehensive approach to treatment that incorporates the knowledge of African healers, natural cures, and ceremonies of faith (Zörgő, Purebl, and Zana, 2018:06), being an essential part of these practices, they offer a useful and culturally relevant way to talk about wellness and physical health.

African healing methods rely heavily on herbal treatments. These cures are frequently developed from the extensive understanding of regional flora and biodiversity that has been inherited over the years. Herbalists and medicinal men and women deeply understand the qualities of different herbs, their roots, and plants. They make and use of these treatments to treat a variety of illnesses, from basic colds to more complicated medical disorders (Ohajunwa, 2019:29). African doctors are considered the keepers of a legacy of wisdom and skill. In their surroundings, they frequently work as spiritual mentors, physicians, and doctors (Ohajunwa, 2019:30). More so, they include dependable people who are essential to the medical system because they have a thorough awareness of the customs and behaviours that guide their work (Ohajunwa, Mji, and Chimbala-Kalenga, 2021:59).

2.3.1.9. African Customary Laws

African customs help people to be aware of their African customary laws which bind them. African Customary Laws have been identified as being very significant of African customs like (*muthuso wa vhana*) to African communities. Maine, and Scala, (2017:14) denoted that in many African communities, customary rules are fundamental in forming the legal framework since they originate from African traditions. Property, relationships, heirlooms, and the settlement of conflicts within the society are just a few of the important topics that these laws help to solve (Murombo, 2024:29).

More so, Bussani, (2019:730) stated that even while customary rules have a strong historical foundation, they frequently coexist with official legal frameworks, illustrating how intricate and dynamic legal management is in these countries.

African Customary laws, which originate from long-standing African methods, offer a structure for resolving interpersonal and legal issues in a way that is deeply ingrained in the morals and habits of the society (Moore, 2022:45). African Customary Laws (ACLs) are dynamic and change as they adapt to the society's shifting demands as well as current issues. Among the benefits of customary law is its capacity for adaptation; it permits relevancy and suppleness in the setting of the community's ever-changing changes (Dressel, *et al.*, 2020: 90). African customary rites often tackle land and other assets rights because of the area's strong ties to its assets and land. These rules establish clear guidelines for the fair and equal division of land among neighbours by addressing matters about control, usage, and transmission (Kuruk, 2020:200).

Mogale (2020:20), African customary laws are also important in the areas of marriage as well as family problems and the duties and obligations of spouses, the acceptance of marital partnerships, and the processes for ending marriages are all outlined in these regulations. Maunatlala, (2019:12) denoted that customary laws also include topics of succession and inheritance, making sure that property and its assets are transferred in an orderly manner within the family and the wider community. In addition, Salihu, (2020:356) added that African rules are frequently used as the main method of resolving disagreements or problems within a neighbourhood. To find fair solutions and bring about harmony again, elders, well-respected people in the community, or conventional boards may serve as mediators and arbitrators by using customary laws (Salihu, 2020:356). Moreso, such negotiation procedures prioritize peace-making above punitive actions and are firmly based on the ideals of justice and communal harmony (Alemie, and Mandefro, 2018:20).

Maunatlala and Maimela (2020:31) denoted that African regulations frequently cohabit with official legal frameworks, and in certain situations, they might even have an impact on how state or federal laws are drafted. To stress, Maunatlala, and Maimela, (2020:37) alluded that the dual system of law acknowledges the roles that statutory and customary rules play in meeting the many requirements that exist within an ecosystem. However, when the two distinct legal systems are not harmonized, problems may occur, including problems with positions of power, regulation, and

perception. Stated differently, conventional laws are an essential component of several civilizations, functioning as a flexible and culturally embedded legal structure that tackles a diverse range of issues related to society and law (Bu, 2018:187). Hence, such laws, which represent the community's ideals and behaviours, are strengthened by its centuries-old norms and rituals.

2.4. *Muthuso wa vhana*

The practice of *Muthuso wa vhana* is integral to the Venda community, offering protection from diseases and perceived spiritual threats, while also providing emotional support, guidance, and social cohesion. It reinforces the dignity of the child and preserves cultural heritage. Despite modern challenges, the integration of traditional practices with contemporary healthcare can offer a holistic approach to infant care, ensuring the well-being of children within their cultural context.

According to the Vhavenda tribe, *muthuso wa vhana*¹⁰ is a ritual done by the Traditional doctor to prepare the newly born child to live a healthy life on earth and to be protected against evil spirits and the risk of being affected by diseases such as *ngoma* and (*lathavha*¹¹¹²) which is normally called *Muthuso wa vhana*. The reason is that the child must be protected, and the child should not have a problem when he or she plays or finds himself or herself among the children who have gone through the ritual *muthuso wa vhana*. Sibadela (2023:45) denotes that the practice of *Muthuso wa vhana* involves administering African medicine by an African healer to a newborn to protect against the malevolent magical effects that might be done upon the child by an evil people.

Mahwasane (2012:08) stated that (*u thusa ndi musu hu na tshibwebwa mudini, tshi tshi khou thavhuliwa uri tshi kone u tshila kha lifhasi la vhatu vhothe*) which means *muthuso wa vhana* is when there is a new-born in the family, they make small incisions as a way of preparing him or her to live on earth. Mahwasane (2020:27) stated that the traditional doctor makes incisions on a baby's joints to strengthen them when walking. To concur, Mahwasane (2020:16) denoted that

¹⁰ Sibadela (2023:45) corroborates this notion, stating that *muthuso wa vhana* involves administering African medicine to a new-born to provide immunity against malevolent magical practises performed by an African healer before allowing the child to venture outside of the dwelling.

¹¹ Van Warmelo (1989:125) asserts that *lathavha* refers to any disease of infants of which the symptom considered characteristic is a sunken fontanelle.

¹² As postulated by Bangura, et al., (2020) "*lathavha*" could symbolise diseases or conditions that necessitate careful listening to symptoms and understanding patient needs. In a traditional context, this might involve diagnosing ailments based on detailed accounts from the patient and using that information to determine the appropriate treatment.

newborn children are immunised (*putting cuts on the skin and applying African medicines*) so that they are not attacked by bad spirits and that illness does not constantly affect the child. Van Beek (2002) posits that childbirth is not solely a biological occurrence but rather a phenomenon that is influenced by the social and cultural norms of a particular society. Mahwasane (2012:08), *muthuso ndi musu hu na tshibebwa mudini, tshi tshi khou thavhuliwa uri tshi kone u tshila kha lifhasi la vhathu vhothe*¹³. Muthuso wa vhana¹⁴ is an African customary healing method based on the values and customs of certain African cultures. It is crucial to realise that Muthuso wa vhana is a practice unique to some ethnic groups, especially those in Southern Africa, rather than one that is accepted or regulated throughout.

A key component of this discipline is played by traditional practitioners, who are frequently referred to as African physicians or diviners. They are sought after to offer counsel, healing, and answers to a range of life's problems because it is thought that they have a special link to the spiritual realm (Mahwasane, 2012:10). More so, rituals and the convictions of the *Muthuso wa vhana* are not universal across adherents and groups. However, during healing sessions, some typical aspects are the usage of African traditional medicines, holy waters, and mystical prayers (Ramarumo, Maroyi, and Tshisikhawe, 2019:083). These African customs are said to help African people to communicate with their ancestors who are revered for their knowledge and capacity for insight and healing. Luhalima, Mulovhedzi, and Thuketana, (2023:270) stipulate that an essential component of *muthuso wa vhana* is hereditary devotion.

Muthuso wa vhana is not usually practised in the Vhavenda only but in other cultures, though names differ. The African practices help in maintaining social cohesion in addition to promoting personal recovery and are recognized among those in their surrounding communities. African healers frequently act as counsellors, facilitators, and archivists of historical information (Mahwasane, 2012:45). Occasionally, the rite of *Muthuso wa vhana* can be argumentative, particularly when examined from the perspective of modern medical facilities or established faiths.

¹³ Loosely translated: it means in the event of a newborn infant in the family, a child is inoculated so that it can survive in the humanly world of all.

¹⁴ *Muthuso wa vhana* means preparing a child to live better in the new world since he or she is coming from a different world. To stress, Sibadela (2023:45) corroborates this notion, stating that *muthuso wa vhana* involves administering African medicine to a new-born to provide immunity against malevolent magical practises performed by an African healer before allowing the child to venture outside of the dwelling.

Certain Christian faiths, for instance, could object to these customs because they believe they contradict their own beliefs (Madzhe, Mashamba, and Takalani, 2014:330). However, a lot of African cultures have managed to combine both ancient and modern healing methods, enabling people to seek help and direction from numerous avenues (Magadani, Netshandama, and Netshikweta, 2015:10). Mahwasane (2012:8) denoted that this African custom rite reflects the broad spectrum of African cultures and how faith and conventional medical treatment are woven into day-to-day existence and the welfare of the people who live there.

However, *Muthuso wa vhana* connects many African cultures mostly in nations like South Africa, the nation of Zimbabwe, and Zambia. It has strong roots in the spiritual and cultural practices of those neighbourhoods, which are frequently made up of Zulu, Ndebele, and other cultures. *Muthuso wa vhana* covers a wide range of topics, including prediction and healing from spirits. Though today it is still practised, it is debatable if it is really working and why Africans are still going there knowing that there are several Euro-Western ways of protecting a child from any diseases.

2.4.1. Types of *Muthuso wa vhana*

In the Vhavenda culture, traditional child immunisation practices have been an integral part of their healthcare system for generations. These practices, rooted in their rich cultural heritage, aim to protect children from various diseases and promote their overall well-being. According to Ramarumo and Maroyi (2019:83), child health has always been an important cultural standard for the Vhavenda people in the region, thus all newly born infants undertake traditional vaccination ceremonies called *muthuso* to improve their immune systems. The Vhavenda people, who are part of the Venda culture in South Africa, have their traditional practices when it comes to child immunisation.

2.4.1.1. Taboos

As noted by Kuzma *et al.*, (2013:01) the culture of Vhavenda consist of several taboos for example, one reason for this is that many taboos are to protect the unborn baby and the mother. Food taboos and detrimental dietary practices affecting the mother and the child's health are well known in many cultures and societies, (Kuzma *et al.*, 2013:01). These dietary restrictions are related to specific times in a woman's life, such as pregnancy and childbirth. Customs and taboos observed by pregnant women are aimed at ensuring that a woman has a smooth delivery. Africans believe

that if a woman consumes food that contains a lot of protein throughout her pregnancy, the baby will grow too big, causing problems during labour. The pregnant woman is required to adhere to several taboos and avoidances, usually to protect the unborn child, according to Hammond-Tooke (1974:213).

In addition, some pregnant women in South Africa follow cultural beliefs and food taboos, which influence their food consumption. According to Chakona and Shackleton (2019:07), oranges, nartjies, orange juices and drinks, chicken, potatoes, fish, and wild animals were the most known forbidden foods among pregnant women who claimed to obey food taboos in the Kat River Valley. Taboo foods during pregnancy include beans, eggs, watermelon, pumpkin, and butternut squash. As noted by Mahwasane (2012:09), according to the Venda culture, “it is forbidden for a pregnant woman to eat hot foods. They fear that such foods might cause the baby to be born with red marks. Venda culture also forbids a pregnant woman from eating sugar cane, as they fear the baby might be born with stretch marks”. To stress further on the issue of taboos, as noted by Chakona and Shackleton (2019:09), before a child is immunised an infant is not supposed to go outside the hut before anything is done as it has its consequences even up to today many infants are not allowed to go outside for a certain time or meet people.

More so, this is also confirmed by Stayt (1931:85), that the food restrictions are more like avoidances than actual taboos. Hot food must be avoided for the fear of scalding the growing child, and any blemish on the baby at birth is accounted for by the fact that the mother has been negligent in this respect. Sweet food is generally avoided, mealie meal being soaked for a day and a night to turn it slightly sour. Vegetables may not be eaten at all. The reasons for not eating banned foods ranged from concerns about the mother during birth to health concerns about the infant. Vhavenda believe that anything sweet is thought to result in sickness. There is no restriction put on the consumption of beer until the last few months, when the woman is supposed to eat very little of anything and drink only water, for fear that the child may grow too big, making delivery difficult. During these final months, she must always eat standing. All the food must be eaten out of a broken pot. Chamwama (2012:12) alludes that preparations for the delivery are often minimal or mainly concentrated around the woman being fit for delivery.

According to African customs, a woman is not permitted to have sex during the last months before giving birth. This understanding was also confirmed by Jagwe-Wadda (2007:32), who states that

a pregnant lady should not have sex throughout her pregnancy since it is believed that the husband's organ may harm the unborn baby during sexual intercourse. One of the taboos, as far as Vhavenda is concerned, the pregnant woman is not allowed to attend a funeral. Because she is going to cry, and it is not allowed for a pregnant woman. Hammond-Tooke (1974:213) asserts that South Sotho women, for instance, must not go out of their compounds lest they walk on "bad paths" of malevolent persons who might harm the child; Bhaca and Pedi women must not see corpses, neither should Pedi women have contact with other pregnant or ritually impure women or look at people with physical disabilities.

They are taboos that follow the birth of a child. According to Rikhotso (2016:71), the father is not permitted to visit the room where mudzade (*mudzadze refers to the mother of a newborn baby*) is. It is considered taboo since the father may not be clean. According to Vhavenda culture, a visitor is not allowed to say goodbye to the pregnant woman when it is time for them to depart. Stayt (1931:85) notes that visitors to her kraal, when saying good-bye on their departure, must not salute her, as, should they do so, her life would be endangered. A pregnant woman is not allowed to turn back until she has accomplished her mission. She is not allowed to do so because the Vhavenda people believe that if she turns back before she accomplishes her mission, the child will also turn on the day of its birth. Reformed Church teachings are opposed to this understanding since they believe that God is the one who is in control, and they also believe that bad and good happen to the lives of people because God allows it to happen.

According to the Heidelberg Catechism, Lord's Day 10, *Question and Answer 27*, it says, what do you understand by the providence of God? The answer is the Almighty, everywhere-present power of God, whereby, as it were by His hand, He still upholds heaven and earth with all creatures, and so governs them that herbs and grass, rain and drought, fruitful and barren years, meat and drink, health and sickness, riches and poverty, indeed, all these things come not by chance, but by His fatherly hand, (Thelemann 2004:214). The relation of the providence of God to evil and to sin is that God is not the author of evil, but He also controls the wicked; the evil purpose belongs to man, but whether he shall be allowed to execute it rests in the hand of God.

Dorocki (2018:49), also writes that the providence of God and His Government of all things and doctrine affords us unspeakable consolation, since we are taught thereby that nothing can befall us by chance, but by the direction of our most gracious and heavenly Father; who watches over us

with paternal care, keeping all creatures so under His Power that “not a hair of our head (*for they are all numbered*) nor a sparrow can fall to the ground without the will of our Father”, in whom we do entirely trust; being persuaded that He so restrains the devil and all our enemies that without His will and permission, they cannot hurt us.

2.4.1.2. Tshiunza or Nutritional Immunisation

Mahwasane (2020:16) denoted that nutritional immunisation focuses on providing children with a balanced and nutrient-rich diet to enhance their immune response. Mahwasane (2020:16) stressed that traditional Vhavenda foods such as medicinal plants, are incorporated into the child’s diet to promote their overall health and resistance to diseases. Mahwasane (2020:16) added that when a child is born, they prepare him or her food which is called *Tshiunza*¹⁵. *Tshiunza*, a traditional soft food prepared chiefly from roots, is a mainstay in Vhavenda in the weaning process for newborn babies. These roots, rich in dietary fibres and micronutrients, are believed to boost the infant’s immunity and overall development (Mahwasane, 2020:16). The nutrition content of *tshiunza* extends beyond immediate consumption and contributes to long-term health. *Tshiunza* is the food that is being prepared to help the child grow well and to protect the child against diseases. *Tshiunza* serves the role of laying the foundation of health and nutrition for newborn babies. Mahwasane (2020:16) backs this idea by referring to *tshiunza* as a cooked mixture of medicinal roots for infants. *Tshiunza* enables the infant to expel trash that accumulated while the newborn was still within the mother’s womb. Additionally, it helps the child from getting colic.

2.4.1.3. Scarification immunisation

Venda traditional child immunisation refers to the traditional immunisation practices followed by the Venda people in South Africa. *Traditional immunisation* practices may vary within different communities and regions. This ritual is performed by traditional healers or elders who have knowledge and expertise in Venda healing practices. Traditional child immunisation is a process which involves administering extracts from specific indigenous plants believed to possess protective properties against various infant diseases. According to Rikhotso (2016:71), *muthuso* refers to the usage of various herbal medicines to protect infants from various maladies. Traditional practices operate within cultural narratives, offering a comprehensive approach not only to the

¹⁵ Van Warmelo (1989:430), *Tshiunza* is a thin porridge specially cooked with various roots and medicines for infants.

physical well-being but also to the spiritual and mental health of individuals, aspects largely glossed over by clinical science.

Murovhi (2019:95), *muthuso wa vhana* is performed on children as little as three months old. The family traditional healer will bring everything required for the muthuso process. Some medications will be prepared ahead of time, while others will be prepared on the spot. The doctor will combine the baboon's face and the child's hair that he or she rips off the child's head with nails and burns them (Murovhi, 2019:95). The doctor will then grab the youngster and expose him or her to the smoke. After that, because nails are hard, they will crush and combine with water before bathing him or her the entire body, except the head and face (Murovhi, 2019:95). After bathing the child, the traditional doctor takes a few drops of water from the dish where they have placed the combination. They will also give the child a small amount of the beaten water from the mixture to drink. After that, the traditional doctor will make small cuts on the child's head: one at the back, forehead, sides, and the centre (Murovhi 2019:95). The traditional doctor will next use luthede and draw a circle on the head of the baby, crossing it in the centre. Traditional healers, helped by elderly ladies from the family, will spread medicine on the child's head, forming a circle around and a cross in the centre of the head (Murovhi, 2019:95). *Muthuso* is seen as a significant feature in the life of a Vhavenda kid since it is the cornerstone of the child's life and contributes to the moulding of the child's character, which has been abandoned in modern living. The youngster who did not go through the muthuso process will have a distinct personality from other children (Murovhi, 2019:95).

When they have finished performing the rituals inside the hut, the traditional doctor will step outside first and get some water (Murovhi 2019:95). The traditional doctor will sprinkle water on the roof while the grandparent is carrying the baby on her back. The grandparents must demonstrate how the water is dropped on the child (Murovhi, 2019:95). They believe that it will assist the infant not to be terrified when it rains and that he or she will not become unwell when it rains. They will then take the baby outside the fence. They would also bring different seedlings and plant them as they speak his or her name (Murovhi, 2019:95). They assume they are wishing him or her luck by doing so. They no longer perform this task because they know others with malicious intentions will come and remove the seeds.

2.4.1.4. Giving a Name to A Child

Mahwasane (2019:176) asserts that names are important in African nations around the world because they transmit important information about their cultures. This section gives a summary of baby naming customs, particularly among the Vhavenda. There has been little study on Vhavenda newborn baby naming practices as part of *muthuso wa vhana*. Giving a name to a newborn is an important cultural practice in many African societies (Mahwasane, 2019:176). The naming of a newborn baby is extremely important in all cultures, including the Vhavenda. The name often reflects the circumstances surrounding the birth or the traits the parents hope the child will embody. Mahwasane and Tshifaro (2019:175) says that the Tshivenda naming practice is crucial in shaping an individual's identity. Children in African cultures are named after their ancestors or those who are still alive.

Turner (2017:76), asserts that the term “*long*” lies at the heart of “*Belonging*”. Belonging to anything means sticking with it for the long haul. We make an intentional choice to value a relationship, a place, our boy, or our life. A name helps develop a sense of belongingness or alienation within society. A word which holds importance beyond the syllables it commands, becoming much more than just a form of identification; a name carries with it a magnitude of connotations, expectations, and connections in context, social strata, and familial history. It often hints at the dreams, aspirations and identities parents want their children to hold. Various cultures around the world have different conventions for naming a child, according to Cila and Lalonde (2019:131).

A person in Tshivenda culture will be given different names between childhood and adulthood, based on the number of life stages she or he has passed through. For example, when a woman marries, she is assigned a name for that period of her life. A boy's name would also be assigned by the initiation school. As a Venda-speaking man, I know that if you did not go to the initiating school, you are being regarded as a child. This idea is emphasised by Mandende (2009) who indicated that, in traditional Venda, if you did not go through initiation school, you are always considered a child. Boys are taught the skills and behaviours of maturity, particularly the art of married life, at the initiation school (Mandende, 2009:61).

Children are given their birth names immediately after birth. According to the Vhavenda, the day a child is immunised or the day after a child has been immunised, she or he will be given a name.

According to Sibadela (2023:45), in certain cultures, it is customary for parents to slaughter an animal, typically a goat or bull, on the third day following the birth of their child. A significant number of individuals partake in the celebratory event alongside the family members, while the female members convene to bestow a name upon the newborn. The primary dish served during this event is commonly known as '*ngima*'.

In many instances, the given name of an individual was indicative of the events or circumstances occurring within their family. In some societies, parents name their children based on specific circumstances surrounding the birth. According to Mandende (2009:61), this is because they carry the message that the name-giver has decided on. If a child was born during a good harvest of maize meal or when there is plenty of food, he or she will be named Mudalo. Ngubane (2013) asserts that names have precise meanings, and parents, relatives, and well-wishers are very careful when naming their children. Thus, names are more than just labels or tags that a man carries with him. They have deep social meaning, and many names evaluated collectively indicate a people's world view (Ngubane, 2013:166).

This idea is supported by Mbiti (1990:115) when he says that “most names originating from Africa possess a semantic significance. The act of naming an offspring holds significant cultural and social value, as evidenced by the prevalence of ceremonial practises surrounding the event across various societies”. The person who is responsible for naming a child is the aunt because she is the one who has a responsibility to speak to the ancestors on behalf of the family. According to Matshidze (2013:46), *Makhadzi* is believed to possess the ability to communicate with deceased members of the royal lineage. Her actions can be interpreted as a form of homage to the deceased. It is a widely held belief that the deceased transforms into ancestors, and as such, the *Makhadzi* perform ceremonial rituals that involve libations and prayers to honour the departed. These rituals are intended to bestow upon the living the blessings of rain, fertility, and happiness. A child can also be named by someone else, such as a grandmother or an uncle. This is also confirmed by Sibadela (2023:45) who alludes that typically, the designation is bestowed by either the paternal aunt, known as *makhadzi*, or the paternal uncle, referred to as *khotsimunene*. In the absence of either, an alternative member of the familial line may assume this responsibility. In agreement with Murovhi (2019:95), when the infant is born, grandparents are given the first choice in naming

the child. The names of the children were chosen based on family history. According to Sibadela (2023:45) in Pedi culture, the nomenclature of an individual is typically determined by the mother.

However, it is the paternal family that ultimately holds the responsibility of making the final decision, with a particular emphasis on the father's eldest sister. According to African traditions, a child is named after the umbilical cord detaches from the navel. The aunt is the person in charge of naming a child. Sanou (2015:22), stated that at the end of the designated period of isolation, the mother and her kid are ritually cleansed, and their heads shaved. Only then is the kid ceremoniously introduced to the community and given a name. A child's birth name is simply transitory until he or she acquires the name that gives the supra-identity of Lobi at initiation. Initiation brings a person one step closer to ancestor hood. According to Abubakari (2020:23), if the parents of the baby have a name that they want to give to the infant, they should notify the paternal aunt so that the aunt can proclaim the name to everyone present. The role of the child's father's sister to name a child exists not only in the Vhavenda culture but across African culture.

According to the Bible, the responsibility of naming a child lies with the father or the mother. In the Bible (Genesis 16:11), an angel instructs Hagar to give the name Ishmael to the son she is being promised. From the Biblical points of view, children were named after the circumstances surrounding the child's birth, including the family's social, economic, political, and other conditions influencing the family at the time the child was born, religious affiliation, and the occupation or profession of the parents or family. The reason for Hagar to name his child Ishmael is because the Lord had taken notice of it, observed, and fully understood the nature and causes of it; he had heard her groans and sighs under it, and her prayer and cries for deliverance from it.

Naming a child, popularly referred to as "Christening", is usually through the baptism ceremony in Christianity, especially in Catholic culture, and to a lesser degree among those Protestants who practice infant baptism. A baptismal name is a given name or Christian name taken at the time of baptism, a Christian rite of admission and adoption into the Christian faith. In many African communities, baptism is an essential religious practice that is often accompanied by the giving of a baptismal name. According to Erickson (2013:392), historically speaking, baptismal names have played a quintessential role in the Christendom, signifying the inauguration of a spiritual journey for an individual. Christianity considered one of the largest religions globally, follows an array of rituals and traditions, with baptismal names being one integral piece of the sacred puzzle. Zatta

(2016:78) states that, from apostolic times, a unique name chosen during the baptismal ceremony has been a way to identify newly baptised members in the Christian community.

Christianity, a Christian child is named during baptism. If he or she already has a name, he or she will acquire a new name, known as a Christian name or baptismal name (Erickson 2013:393). According to the Roman Catholic Church, the practice of naming a child after a saint is not new. It is an ancient practice with great significance, and properly so. Canon Law number 855 requires parents to give their child a Christian name upon baptism. In Catholicism, a baptismal name is often given to a child after baptism, signifying the adoption of the child into the Catholic Church (Erickson 2013:393). The Child's name is usually based on the saints' day on which the baptism takes place, or a chosen patron saint of the family. In the Anglican tradition, a baptismal name is given that reflects the child's identity and faith. In some cases, a saint's name may be used, but there is no strict rule regarding the choice of a name. This idea is emphasised by Sibadela (2023:45) when he said that Tshivenda's names suffered greatly during the missionary period. As a result, when the missionaries baptised a Venda-speaking individual, they gave the person a Christian or baptism name tied to biblical people such as Johanna, Mary, Peter Marth, Aron, and Moses among other common names. Overall, the practice of giving a baptismal name varies across African Christian communities, but it is often seen as an important rite of passage for the child.

Far from being just a ritualistic tradition, the baptismal name holds a profound meaning for the person and their family. It is chosen carefully to reflect religious belief, symbolism, or sometimes to honour a beloved saint or biblical character. As elucidated by Hoskisson (2012:105), the direct link between the individual's baptismal name and a significant Christian figure enhances the spiritual commitment and religious fervour of the believers. In Christianity, the custom of baptismal names is invaluable, providing insight into a person's spiritual journey and commitment to the faith. These names offer conviction, hope, inspiration, and a symbol of continuity in the shared Christian past, cementing their relationship with the mystical and holy world. According to Sibadela (2023:45), baptism is the ceremony of passage into such a way of life. It entails the actual pouring of water on a distinct human body as a specific individual is honoured and welcomed in his or her embodied integrity.

Simultaneously, it includes the baptised person into a social and historical Body that transcends centuries and cultures. Baptism is a muthuso from the Christian perspective for spiritual

immunisation. (Sibadela, 2023:45). Sibadela (2023:46), at childbirth, a woman is segregated for one month or more. The end of segregation is marked by rites of purification and reintegration into the community, accompanied by feasting and exhibition. Vhavenda *traditional child immunisation* and Christianity share the common desired effects using different routes. While these traditional practices may have cultural significance. Overall, giving a name to a newborn in Africa is often a deeply rooted cultural practice that reflects the customs and beliefs of the community.

2.4.2. Significance of Practising *Muthuso wa vhana*

Muthuso wa vhana is regarded as one of the ways to help many infant children to grow up well as noted by the Vhavenda culture. Still to this day, many people in the Vhavenda culture are still practising the practice. There are several reasons why it is regarded as important to practise it. Below are some of the reasons why the Vhavenda people still regards it as important in their culture.

2.4.2.1. Protection of an Infant from Diseases

Sibadela (2023:45) claims that *muthuso wa vhana*, a Venda custom, is essential for protecting newborns from a variety of dangers, including illnesses. According to Murovhi (2019:112), the Venda people's culturally beneficial practices include the *muthuso wa vhana* practice, which is based on the protective properties of customary ceremonies, medicines, and charms. The foundation of *Muthuso wa vhana* is ritual, with traditional healers leading rites intended to guard babies. According to Luhlima, Mulovhedzi, and Thuketana (2023:15), these rites frequently entail calling upon past beings and goddesses for safeguarding, protecting the child's spiritual well-being, and purging the house and infant of bad energy.

Davhula (2015) further stated that the ceremonies are thought to erect a barrier of protection around the infant, keeping them safe from harm both physical and spiritual. Name ceremonies, in which babies are blessed and given names endowed with safeguarding traits, and purifying rituals, in which the infant is bathed in specially formulated herb combinations to rid them of any demons or negative energies, are both instances of rituals, as mentioned by Murovhi, Matshidze, Netshandama, and Klu (2018:20). Furthermore, Sibadela (2023:120) noted that a variety of plants with well-known therapeutic qualities are used by traditional healers in *Muthuso wa vhana*, where herbs play a crucial role. Furthermore, it was emphasised by Mahwasane (2020) that these plants

are made in several ways, including teas, creams lotions and applications, and given to babies to avoid and cure diseases. Furthermore, calming herbs are utilized to manage illnesses like *Lathavha/Davhi*, aiding children who are agitated with insomnia, and antibacterial plants have been used for both treating and avoiding infections of the skin like *Misho*. These are just a few examples of herbal remedies that have been mentioned by Daswa, Netshandama, and Matshidze (2019:120).

Furthermore, it was mentioned by Karabetca and Sav (2021:22) that magical items are frequently utilized in *Muthuso wa vhana* to shield newborns from harm and evil spirits. Furthermore, according to Mandillah and Ekosse (2018:34), these objects are thought to have protective properties and are frequently crafted from organic elements including metal, stones, and roots. Moreover, Pikela, Thondhlana, and Madlome (2022:23) emphasised that children wear them or arrange them around the house to fend off evil spirits and prevent sickness. A few such safeguarding charms are beaded, and herb-crafted necklaces worn by babies to guard against both spiritual and bodily damage and house enchantments arranged throughout the house to create a shielding atmosphere that keeps the baby safe from harm.

2.4.2.1.1. Types of Diseases Prevented by Muthuso WaVhana

Several types of diseases can be prevented by *Muthuso wa vhana*. Below are some of the examples:

2.4.2.1.1.1. Lathavha/Davhi

Lathavha that occurs at birth and especially in the Venda community where this disease is referred to as ‘Davhi’ is a condition that affects infants. This represents an illness that is characterised by restlessness, ceaseless crying, and poor sleeping among others. Chauke, Madlome, and Chauke (2021:150) state that these signs are quite annoying to the baby and the caregiver because they alter the normal sleeping duration and the general welfare of the child. According to Chauke (2022:10), there are different treatment and preventive measures employed by the Venda traditional healers when it comes to this condition, which are based on rites and herbal medicine. Even though these practices may be viewed as simple treatments for a disease, in fact, Lathavha, these practices are informed by cultural beliefs that understand Lathavha as a condition that is caused far greater than the body itself. Madlome (2019) expounds that there are also precautionary

measures taken in the form of performance of protective rituals to alleviate the spirits that are believed to cause it. The herbs are so chosen for their specific calming effect on the infant where such agitation as exists is reduced to the extent that the child is able to sleep peacefully.

2.4.2.1.1.2. Tshifumbu

Tshifumbu is considered a mild condition that affects babies and approaches colic or diarrhea, if not worse. As put by Chauke, Madlome, and Chauke (2021:150), this condition has an associated pain in the abdomen due to which the baby keeps crying and also has disrupted toilet habits. Mashau (2019:100) indicates that traditional treatment for this condition involves the use of special medicinal balm which is rubbed on the child's stomach or syrups made of herbs are given to the patients in order to ease the pain. It also aims at curbing stomach upsets and improving the process of digestion. Besides that, Pikela, Thondhlana, and Madlome (2022:23) stress that some rites are also observed in the application of these remedies with the aim of shielding the child from the non-material sources of the condition such as Tshifumbu. These are manifestations of the Venda culture which emphasize the importance of the physical and spiritual health of infants.

2.4.2.1.1.3. Misho

Misho signifies the many 'difficulties' or 'defects' of the skin as it pertains to babies in Murovhi (2019:190). Such skin problems are normally seen as environmental or infectious in nature, and in the folds of the Venda culture, they are treated using medicinal plants with antimicrobial activities. These herbs are said to be selected owing to their skin cleansing and protective features against the skin infections (Luhailima, Mulovhedzi, and Thuketana, 2023:29). The same Davhula has observed that this application of traditional medicine comes step-by-step because these preparations can be used on focal sites to integrate the tissues and prevent secondary closure in the disease (2015:14). Such a situation illustrates the value of having ethnic medicine in the said society; as such practices are not only curative but also for prevention and maintaining healthy skin among infants.

2.4.2.1.1.4. Gokhonya

Gokhonya is defined as a sickness whose origin is attributed to witches or evil spirits and in which fever, weakness, and inactivity are exhibited by infants. Murovhi et al. (2018:200) perceive this

illness as a spiritual one and which ought to be treated medically as well as using rituals. Sibadela (2023:29) notes that undergo stages where botanical medicines are taken in order to boost the immune system and mitigate physical symptoms and also rituals to banish evil spirits troubling the child. Mahwasane (2020:50) renders this treatment in ways that the herbs used for this purpose enhance the infant's health in a manner that the ritual cleansing eliminates all bad energies from the baby. As shown in the treatment of Gokhonya, the Venda people's way of health is holistic in that it accommodates both spiritual healing as well as the use of herbal medicines.

2.4.2.2. Protect the child from Witchcraft or evil People

A fundamental feature of *muthuso wa vhana* is its emphasis on shielding young children from witchcraft and bad people, as Murovhi, *et al.*, (2018:100) point out. Witchcraft is widely practised in the Venda community, and babies are seen as especially vulnerable since it is thought that they lack the spiritual fortitude and defines mechanisms that adults may have, thus rendering them easy pickings for evil forces (Sibadela, 2023:19). To mitigate these worries, Mahwasane (2020:10) asserted, that the practice of *Muthuso wa vhana* involves the usage of enchantments, defensive amulets, and certain rites carried out by indigenous healers.

According to Daswa, Netshandama, and Matshidze (2019:19), the purpose of these precautions is to envelop the child in a spiritual shield that will protect and nurture them. As well-respected members of the village, traditional healers are essential to this procedure because of their comprehensive understanding of religion, healing herbs, and generation-old protection symbols (Karabetca, and Sav, 2021:10). Karabetca and Sav, (2021:10) emphasised that enchantments and deceit, which are frequently made from organic elements like roots, rocks and minerals and are selected for their protective properties, are essential for shielding young children from witchcraft. As noted by Karabetca and Sav (2021:11), enchantments are usually worn by babies as pendants, bracelets, or anklets to offer continual safeguarding. In other instances, charms are hung around the house or in the baby's slumbering area to keep off bad spirits.

Mandillah and Ekosse (2018) state that there are various types of safeguarding enchantments, such as beaded and plant bracelets that are thought to be able to ward off evil spirits; these necklaces are frequently taught by herbalists to strengthen their safeguarding qualities; other examples of safety charms are family enchantment that shield the whole family and provide an appropriate

environment for the baby. These enchantments could be little satchels of herbs for protection, stones with protective symbols engraved on them, or carved humanoids that symbolise ancestral spirits, according to Pikela, Thondhlana, and Madlome (2022:22). Furthermore, Chauke, Madlome, and Chauke (2021:201) pointed out that rituals performed by traditional healers are an essential part of *Muthuso wa vhana*, frequently involving calling upon ancestors and goddesses to keep watch over the child and shield it from harm.

Furthermore, Chauke (2022:25) noted that rituals are carried out with extreme caution and accuracy, frequently involving the use of devotional songs, ceremonial items, and symbolic gestures. Chauke (2022:25) provided examples of rituals: cleaning customs, which involve cleaning the baby with herbal remedies to eradicate any detrimental forces or nefarious impacts that may have been around, cleaning the child and strengthening their religious safeguards; and helping events, in which the baby gets anointed with memorable herbal oils and offerings that are offered to call on the safety of compassionate spirits.

2.4.2.3. Give the Child Dignity (*Tshirunzi*)

By incorporating the kid into the social, cultural, and spiritual framework of the wider community, practising *muthuso wa vhana* enhances the child's dignity (Murovhi, 2019:190). The ceremonies carried out are regarded as crucial rites of transition that reinforce the child's role in the society and heritage, according to Luhlima, Mulovhedzi, and Thuketana (2023:29). Moreover, Davhula (2015:14) added that the kid and family build a feeling of belonging and self-identification through these traditional traditions, which is essential for their intellectual and cultural growth.

2.4.2.4. Emotional Support

According to Murovhi, *et al.*, (2018:200), the rite of *Muthuso wa vhana* offers the newborn and the family a great deal of psychological assistance. According to Sibadela (2023:29), the community's and traditional healers' engagement provides a safety net that eases parents' concerns about the well-being and safety of their children. Furthermore, Mahwasane (2020:50) stated that rites and festivals are frequent group activities that promote a sense of cohesion and shared accountability among the people in the community.

2.4.2.5. Guidance

Muthuso wa vhana provides advice on how to care for and safeguard newborns to parents and other caregivers (Daswa, Netshandama, and Matshidze, 2019:29). According to Karabetca and Sav (2021:30), the wisdom that has been implemented using the ages contains insightful information about conventional medicine, parenting techniques, and protection from the supernatural. Mandillah and Ekosse (2018:90) emphasised that this advice makes sure parents have the resources they need to take care of their babies and support them through the difficulties of infancy.

2.4.2.6. Social Cohesion

The Venda society's social cohesiveness is reinforced by *Muthuso wa vhana's* collective element, claim Pikela, Thondhlana, and Madlome (2022:72). Participating in festivals and rites together develops a feeling of unity and common purpose, according to Chauke, Madlome, and Chauke (2021:101). According to Chauke (2022:15), these activities strengthen social ties and establish a support system that is advantageous to each group member. The society preserves its resilient nature by uniting to safeguard and care for infants (Madlome, 2019:19).

2.4.2.7. Cultural Preservation

Muthuso wa vhana is essential to the Venda people's historical preservation (Mashau, 2019:39). The act of practising is an embodiment of customary understandings, principles, and convictions that have been handed down over the ages, according to Murovhi (2019:191). According to Luhlima, Mulovhedzi, and Thuketana (2023:39), the community preserves a link to its ancestors and guarantees the passing down of traditional customs to the following generations by carrying out these rites. According to Davhula (2015:19), preserving culture is crucial to preserving the sense of self and continuation of the group.

2.5. Views Of the Dutch Reformed Church Towards the African Cultural Practices

In the past, there has been tremendous opposition to African customs of the past from certain Christian groups, notably those with orthodox and fundamentalist tendencies. They frequently refer to these customs as heathen or sinful and see them as inconsistent with Christian teaching (Enegho, 2020:06). In addition, these churches strongly support strictly adhering to Christian

teachings and completely giving up all conventional traditions and convictions. This resistance can prompt efforts within their respective communities to repress or outlaw customs (Bieber, 2019:34).

As noted by Nwosu, (2021:17) socializing African cultural beliefs with the Christian faith, is discouraged by many orthodox Christian denominations, who stress the primacy of Christianity. Nwosu, (2021:19) stressed that Christians contend that trust in Jesus Christ alone is the sole path towards righteousness as well as that any attempt to include customs into the Christian religion may be interpreted as tainting it. As a component of their overall task, these religious organisations could give priority to converting people from African cultural rituals (Henry, and Malan, 2017:11).

On the other hand, certain local churches and Christian denominations are more accepting of African customs. They could be prepared to modify customs to conform to Christian beliefs or include certain components into Christian rites as a way of acknowledging the socioeconomic and historical value of these activities. Strategy is frequently more prevalent in areas where Christians have interacted with African peoples in a more adaptable manner. The merging of components from several religious systems, or syncretism, may be a divisive topic. Certain African groups have effectively combined elements of their customary beliefs with Christianity, resulting in a distinctive blend of spirituality (Ntombana, 2015:15).

More so, this might involve enhancing Christian worship with customary practices, hymns, or symbolism. Although some Christian leaders could be against cooperation, others might view it as a means of helping their members understand and accept Christianity in an increasingly relevant way to the society (Kloppers, 2020:13). In addition, at the grassroots level, the denominational opinions about conventional African traditions might also differ. Divergent viewpoints among local clergy and members can be attributed to the distinct cultural and socioeconomic makeup of their respective localities. In certain regions, customs could be more thoroughly incorporated into Christian ceremonies and approved by the governing body of the Dutch Reformed Church (Van der Merwe, and Thebe, 2019:110).

In addition, several Christian denominations and groups have realised how critical it is to interact with African customs cooperatively and respectfully. Christians work to promote mutual tolerance and understanding by constructing connections among the Christian faith and African peoples (Petersen, 2021:17). Furthermore, mediation discussions and cooperative endeavours targeting

common problems of society and culture are frequently a part of these initiatives. The denomination's varied perspectives on African ancestral customs are a reflection of the variety of Christian denominations as well as the intricate pasts and cultural settings in which their beliefs are situated leaders (Teixeira, 2023:534). Although certain religious institutions are adamantly against these activities, many are more understanding and willing to have a conversation. The ever evolving and dynamic link between the Dutch Reformed Church with African cultural customs is shaped by a multitude of interrelated variables, including theological convictions and cultural background (Thwala, 2020:20).

2.6. Relationship between the Dutch Reformed Church and Africans towards the African Practice.

A long time ago, before the invasion of the white people who brought their colonial regime to many African countries (Barlev, Mermelstein, and German, 2017:430), Africans or indigenous people were bound by their African customs (norms and values) in which Africans believed several African cultural practices like ancestral worship and anything that is related to African norms and values (Banze, 2015:42). To them this was something that they passed from one generation to another. However, after the invasion of white settlers in many African countries who brought religion (bible), many African customs and practices were considered vagabond (Nwosu, 2021:17). In addition, the African traditional healers were considered to be archaic, old practices and they were not legalised. In 2007 that is where the African traditional healers were recognised through the *African Traditional Health Practitioners Act Of 2007* (Mokhoathi, 2017:266).

2.6.1. Biblical Opposition to Certain African Traditional Practices

Religion which was brought by whites opposed many African cultural practices like *muthuso wa vhana* which many churches now condone. However, still some Christians adhere to their African cultural practices (Ramarumo, Maroyi, And Tshisikhawe, 2019:83). Although specific Christian denominations might adopt a stricter position opposing any sort of collaboration, other individuals may be more accommodating and receptive to absorbing specific aspects of African cultures into their spiritual activities (Agadjanian, 2020:762).

African customs were frequently seen as heathen or idolatrous by Christian missionaries and rulers of the colonies who attempted to substitute for them with contemporary Christian beliefs (Banze, 2015:42). The connection has been negatively impacted forever by the centuries-old dispute

involving Christians and African culture. Several factors, including the Christian sect being performed (Ntombana, 2015:116), there might be differences in the connection involving Christianity and customary African traditions (Mokhoathi, 2017:266). However, today there is still an existing debate between the church and the African cultural practices. According to Ramarumo, Maroyi, And Tshisikhawe (2019:83), many African people believe that African traditional healers are sent by the ancestors to bring unity amongst communities in which even today many communities like the Vhavenda still believe in the *muthuso wa vhana*. African cultural practices such as *Muthuso wa vhana* in Venda, which include *child immunisation*, the incision for applying medicines, and other traditional health practices, can find support through various scriptural references.

While numerous Christians consider African customs to be evil and inappropriate, many continue to perform them despite the lack of biblical support for them in the Bible. However, there are numerous biblical allusions in the Bible that run counter to African *muthuso wa vhana* customs. For instance, *Proverbs 22:28 (NIV)* emphasises the value of honouring and maintaining ancestral knowledge and customs by saying, "Do not move an ancient boundary stone set up by your ancestors." As a traditional practice, *Muthuso wa vhana* personifies this reverence for ancestors' wisdom. In line with the idea of the medicines, the Bible also accepts the application of natural medicines as it helps in curing some of the illness.

More so, the book of *Deuteronomy 18:10-12 (NIV)* states, "Let no one be found among you who sacrifices their son or daughter in the fire, who practices divination or sorcery, interprets omens, engages in witchcraft, or casts spells, or who is a medium or spiritist or who consults the dead. Anyone who does these things is detestable to the Lord." The Lord detests anyone who engages in these behaviours. Various forms of divination and connection with the dead, which are occasionally included in conventional therapeutic techniques, are expressly condemned in this chapter. It implies that God detests these kinds of activities. Similarly, *Leviticus 19:31 (NIV)* denoted that, "Do not turn to mediums or seek out spiritists, for you will be defiled by them. I am the Lord your God." The verse's caution in opposition to seeking spirits and spiritists could be read as a critique of traditional healers' methods of communicating with supernatural beings and forefathers.

More so, the adoration of forefathers and the use of enchantments and necklaces in customs such as *muthuso wa vhana* are examples of a form of idols, something the Bible categorically forbids. *Exodus 20:3-5 (NIV)* declares, "You shall have no other gods before me. You shall not make for yourself an image in the form of anything in heaven above or on the earth beneath or in the waters below. You shall not bow down to them or worship them; for I, the Lord your God, am a jealous God, punishing the children for the sin of the parents to the third and fourth generation of those who hate me." The Law of Moses is in opposition to honouring forefathers and using idols or enchantments since it forbids worshipping other deities and creating idols. Instead of depending on customary or conventional methods, the New Testament emphasises healing through faith and trusting in God.

In addition, *Matthew 6:31-33 (NIV)* states, "So do not worry, saying, 'What shall we eat?' or 'What shall we drink?' or 'What shall we wear?' For the pagans run after all these things, and your heavenly Father knows that you need them. But seek first his kingdom and his righteousness, and all these things will be given to you as well." This chapter challenges behaviours that rely on customs and medications by emphasizing reliance on Christ for sustenance and a healthy lifestyle. Furthermore, *James 5:14-15 (NIV)* suggests, "Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise them." In place of conventional or ritualistic approaches, this recommends a reliance on meditation and the supernatural for cure.

Furthermore, reading the New Testament forewarns against adopting customs and incorrect beliefs that diverge from the message of Christ. *Colossians 2:8 (NIV)* cautions, "See to it that no one takes you captive through hollow and deceptive philosophy, which depends on human tradition and the elemental spiritual forces of this world rather than on Christ." The following passage cautions against falling for religious rituals and cultural conventions that are not based on Christ practices that may include some customs that are unique to Africa. The Bible challenges dependence on conventional wisdom that may attribute authority to other sources by emphasizing God's supremacy and the idea that God alone is the source for safeguarding and the healing process.

In addition, *Isaiah 45:5-6 (NIV)* underscores, "I am the Lord, and there is no other; apart from me there is no God. I will strengthen you, though you have not acknowledged me, so that from the rising of the sun to the place of its setting people may know there is none besides me. I am the

Lord, and there is no other." This emphasises the notion that there is only one all-powerful, all-protective God, which may be at odds with customs that call on ancestral beings or make use of enchanted objects.

2.6.2. Biblical Support for Certain Aspects of African Cultural Practices

When examined through specific scripture references, African cultural practices including child immunisation, medicinal application through incision, and consultation with traditional healers known as *muthuso wa vhana* in Venda face rigorous scrutiny. It is possible to see certain biblical texts and ideas as opposing these rituals, especially those that deal with behaviours thought to be at odds with Christian beliefs. Certain features of traditional healing techniques in African societies can be linked to the explicit prohibition of divination, enchantment, and witchcraft in the Bible.

Moreover, God declares in *Genesis 1:29 (NIV)* "I give you every plant that bears seeds on the face of the entire land and every tree whose fruit contains seeds. You can use them for food." This implies that God gave plants to humans for a variety of uses, including medical ones. *Ezekiel 47:12 (NIV)*, which mentions the medicinal qualities of leaves, lends even more credence to this. The Bible places a strong emphasis on family and community, which reflects *muthuso wa vhana* communal nature.

Furthermore, the bible relates how the early Christians shared everything in *Acts 2:44–45 (NIV)*, which reflects the importance of community solidarity ingrained in many African cultures. Galatians 6:2 (NIV) says, "Carry each other's burdens, and in this way, you will satisfy the law of Christ." This is consistent with *muthuso wa vhana* community-centric philosophy, which views children's welfare as a shared obligation. Furthermore, the goals of Muthuso wa vhana align with the fundamental biblical principle of safeguarding the weak, especially children. *Psalms 127:3 (NIV)*, which states, "Children are a heritage from the Lord, offspring a recompense from him," lends credence to the notion of raising and shielding children by customs.

Additionally, *James 1:27 (NIV)* highlights the need to protect the weak, which is consistent with *muthuso wa vhana* precautionary steps. The Bible promotes physical and spiritual health, which might include following conventional medical advice. The passage *3 John 1:2 (NIV)*, which begins, "Dear friend, I pray that you may enjoy excellent health and that all may go well with you, exactly as your soul is getting along well," supports the blending of customs that preserve both

spiritual and bodily well-being. Furthermore, *1 Timothy 5:23 (NIV)*, which endorses the use of conventional medicines and practices, provides helpful guidance regarding the use of natural therapies for health issues.

To conclude, much of the interaction between the Dutch Reformed Church in South Africa and African communities concerning practices such as *muthuso wa vhana* has been complicated by religious and cultural strife. At the first place, colonial and missionary understanding rejected many African practices as evil; such teachings are adhered to even today by a majority of Christian sects especially on the issue of ancestors. Nevertheless, it is also true that some African communal and health practices are supported by biblical tenets which makes it possible for some African Christians to Christianity whilst holding on to the tenets of some components of their cultures. This experience of interaction cleaves a wedge between people and institutions and causes striking differences of opinion within the same faith community regarding issues of traditionalism and modernism.

2.7. Reasons for the Reformed Adherence to African Cultural Practice although it is Against the Dutch Reformed Church Teaching

2.7.1. Cultural Significance and Identity

Cultural significance and identity have been revealed as one of the reasons for the Christians (DRC) to adhere to African cultural practice although against the church teaching. African Cultural Practices like rituals are powerful manifestations of society's importance and identity, not just conventional medical procedures. Numerous African groups have knitted these customs into their fabric, making them an essential component of their history and customs (Bangura, et al., 2020:03). According to Bhuda, Marumo, and Motswaledi, (2022: 19154), African cultural practices have been passed down through the years and are an important means of establishing a connection between people and their ancestors as well as the origins of their cultural heritage. Furthermore, adopting African cultural practices is a method for many African communities to honour the knowledge of their ancestors (Gumbo and Singh-Pillay, 2022:05).

It is evidence of the lasting power of ancestral customs, according to Krieg (2016:30), because knowledge concerning such events is passed down from one generation to the next. As a result, this stability protects the community's heritage and keeps a link to ancestors' lessons. The traditions in question have relevance that extends beyond the field of medicine; they represent a nation's

shared heritage and shared recollections (Gumbo and Singh-Pillay, 2022:05). Shange and Ross (2022:519) state that customs and practices around African cultural practices frequently mirror the morals, principles, and myths that characterize a given society. For example, the usage of herbs or images during these rituals may have broader cultural implications that stand for ideas like togetherness, resilience, or defence.

These customs also function as an expression of satisfaction and a distinguishing characteristic of a community's culture. Following customary cultural practices procedures constitutes a declaration of cultural resistance in an increasingly international society when outsiders have the potential to undermine local customs (Mothibe, and Sibanda, 2019:20). Individuals that participate in these ceremonies declare that their identity is anchored in their customs and knowledge, reinforcing their connection to their history (Makondo, and Thomas, 2018: 89).

In this regard, customary cultural practice rites serve as an actual demonstration of the lasting force of culture rather than just being a way to avoid sickness. To honour the past, enjoy current events, and make sure that the social framework that unites us all is what binds future generations of people together is to preserve these customs (Zhang, 2020:100). The historically significant importance of ancient cultural practices methods shows how, in the diverse kaleidoscope of African communities, medicine and personality are closely intertwined. It emphasises how important it is for healthcare programs to consider cultural differences and show appreciation for such deeply rooted customs (Bangura, *et al.*, 2020:14).

2.7.2. Spiritual Beliefs and African Healers

Many African people today still believe in African traditional healers for guidance. African people still consider African Healers as people who can connect them with their forefathers for guidance or healing through herbs to mention but a few (Singh and Bhagwan, 2020:413). Singh and Bhagwan, (2020:414) stressed that these African healing methods and religious beliefs play a major role in the rich diversity of African communities (Singh and Bhagwan, 2020:414).

African traditional healers hold a special place in these civilizations and are highly respected in which they go by several names, such as "*sangomas, Traditional healers*" in southern Africa and "*dibia*" in Nigeria or n 'anga in Zimbabwe (Ohajunwa, 2019:52). These are thought of as go-betweens, bridging the separation among the material and spiritual domains. Numerous African

cultural traditions hold that one's well-being and quality of life are greatly influenced by the spiritual realm. Because of this, herbalists are essential to the medical profession (Shange, and Ross, 2022:510).

In addition, the job description of these African traditional healers or herbalists in their surroundings is complex for example, cure diseases with supernatural abnormalities or evil spirits, and they diagnose and cure a wide spectrum of medical and mental illnesses (Semenya, and Potgieter, 2014:10). Ozioma, and Chinwe, (2019:200) denoted that African remedies frequently involve ceremonies, plant medicines, and means of divination meant to bring harmony and peace back into a person's life. For further illustration, an African healer may recommend certain practices or treatments to placate ancestor spirits that are thought to be the cause of a disease.

More so, these African healers offer wisdom and counsel or even guidance and consent from African healers regarding certain activities, like cultural practices (Ramaube, 2018:44). As one of their therapeutic schedules, African traditional healers may recommend ancient cultural practices techniques due to their profound awareness of philosophical and environmental energies (Søren Ventegodt, and MedSci, 2022:56).

In addition, those traditions might entail a variety of rites, such preparation of herbal remedies that are thought to offer protection to illnesses (Balick, and Cox, 2020:15). The continuing cultural and religious fabric of these cultures is demonstrated by the impact of herbalists and religion on decisions regarding healthcare in Africa. African beliefs and physicians continue to serve a crucial role, representing the complex fabric of African beliefs and the integration of the metaphysical and physiological domains when it comes to health care, even while modern medical procedures have acquired importance (Ozioma, and Chinwe, 2019:200). To improve the condition of people in African communities, contemporary healthcare programs and outreach efforts must acknowledge and honour those cultural variables (World Health Organization, 2017:42).

2.7.3. Perceived Success or Effectiveness

One of the reasons for the Christians (DRC) to adhere to African cultural practice although it is against the church teaching is that they perceive them as effective. African traditional cultural practices methods or practices are highly valued in many African countries because of their believed effectiveness in either curing or avoiding illness. This impression is frequently supported

by anecdotal information from other people and has its roots in firmly held cultural ideas (Afrough, Dowall, and Hewson, 2019:160). Subsequently, African people nurture a deep faith in the restorative potential of these African techniques, crediting their overall health to their efficacy. The societal and religious fibre of society is closely entwined with its confidence in the efficacy of the African procedure of immunisation (Sullivan, Erb, Schmalzl, Moonaz, Noggle Taylor, and Porges, 2018:67).

Knysh, (2019:40) denoted that the practices have been steadily passed through as sacred traditions and are seen to represent the manifestation of collected understanding for many centuries. More so, the techniques used are frequently veiled in the mystery of old wisdom and may involve the employing of certain plants, celebrations, or rites. It is widely believed that the reason these traditions have endured throughout centuries is because they are effective (Valiente, 2018:40).

More so, there are many medicines throughout society concerning people and whether they are effective in curing sickness (Brewer, Chapman, Rothman, Leask. and Kempe, 2017:200). Africans in the wider society are more likely to believe in African techniques when they hear from an individual who recovered from a disease or maintained good health by using such strategies (Kingdon, and Turkington, 2022:200). Cultural values emphasise the apparent efficacy even more. These methods are frequently perceived as both prayers and medical treatments. The practitioners of African healing, who frequently led these activities, are thought of as mediums possessing special knowledge and skills (Ndlovu, 2016:56).

The concept of an integrative approach to care that integrates psychological and physical components is very compatible with the cultural norms. This method is supposed to treat diseases' underlying root causes as well as their manifestations (Jasemi, *et al.*, 2017:71). More so, these African methods of immunisation's perceived efficacy can also be linked to how well they fit with the holistic viewpoint of many African civilizations. Health is viewed as a balance among people, the society at large, and the realm of spirituality rather than as something that exists in a vacuum (Azevedo, and Azevedo, 2017:59). Azevedo, and Azevedo, (2017:60) stressed that this wider view is included by African methods, which pay attention to a greater variety than simply the outward signs of illness.

2.7.4. Limited Access to Modern Healthcare

Limited access to modern healthcare is one of the reasons for the Christians (DRC) to adhere to African cultural practices although against the church doctrines or teachings. In certain countries, substandard use of Western medicine, particularly immunisations, is a primary reason driving people back to old practices of immunisation (Piot, *et al.*, 2019:120). Franco, Shaker, Kalubi, and Hostettler, (2017:100) denoted that when African people do not have access to affordable and trustworthy modern healthcare, African methods are viable and sometimes life-saving alternatives.

Numerous African countries' underdeveloped or rural areas may have very little access to Western medical services. Turok, (2016:35) added that unjustifiable economic disparities, inaccessible places, and a shortage of infrastructure can all make it difficult for people to receive critical health services. As a result, residents in these communities may face considerable barriers to getting medical care that might preserve life (Piot, *et al.*, 2019:120).

In addition, Piot, *et al.*, (2019:121) denoted that when considering such circumstances, the castigatory truths of scarce access to Euro-Western or modern healthcare leads to a reconsidering of the African way of dealing with illness for example the use of African medicines. Balderrama, Schwartz, and Longo, (2020:125) added that whenever accessible healthcare resources are far and the cost of travelling forbids individuals from seeking professional assistance, individuals usually seek cheaper solutions.

Frequently, African procedures are easily available to the public and do not necessitate high prices. The new commitment to these criteria is motivated by a realistic evaluation of what is practicable given the circumstances (Alderson, and Morrow, 2020:141). More so, African traditional healers and their way of healing offer a sense of security in locations where having access to contemporary care is an unattainable objective (Wellington, 2015:100). Hence, in the end, many people could consider even the African way of treating a child after birth as compared to the Western way or method.

2.7.5. Social Norms and Peer Pressure

Social norms and peer pressure have been identified as one of the reasons for the Christians (DRC) to adhere to African cultural practices although against the church doctrines or teachings. Van Genep, (2019:101) denoted that observing cultural customs has a significant influence on the

lives of people in many African people. In this vantage point, preserving public acceptance and integration is equally as vital as preserving cultural heritage. In this situation, the African customs like *muthuso wa vhana* of a particular society like the Vhavenda and the demands of society, alongside cultural significance, perform a crucial part in the maintenance of African cultural practices (Argyriou, Economou, and Bouki, 2020: 856). More so, many African groups/cultures have solid customs and rites that were passed down through the generations. African health care and cultural practices procedures are just a few of plenty of traditions coming throughout this group of activities (Ramaube, 2018:115).

As a result, children born and raised within these societies have a strong sense of ethnic attachment and comprehensiveness (Bond, 2020:120). Susman, O'Keefe, and Wisner, (2019:260) stated that deviating from these deeply engrained customs may be viewed as a threat to the essence of their social legacy. Pressure from others is a powerful factor which often intensifies the need to live up to what society considers acceptable. More so, those who live in households are constantly dissected by their neighbours and other inhabitants. Individuals who choose not to accept monotonous cultural practices may find themselves at odds with their peers (Giordano, Copp, Manning, and Longmore, 2023:22).

More so, Arastu, (2019:100) denoted that any wrongdoing can end up with one being banned by society, discriminated against, and potentially allegations of relinquishment of one's ancestry and customs. Maintaining social rules and practices requires more than a person's choice. Hence, these African people are sometimes pushed to comply with their African cultural practices if they want to meet the expectations of their friends, family, and society, along with maintaining their medical conditions (Haugh, 2021:800). In addition, such endeavours are motivated by the desire to avoid social sidelining and maintain peaceful connections throughout communities. In this cultural context, maintaining African cultural practices has a dual significance. It allows inhabitants to honour African traditions, which they dearly appreciate (Bangura, *et al.*, 2020:10).

However, declining to partake in these African cultural practices like *muthuso wa vhana* or activities may have unanticipated consequences, making it difficult for those who stray from tradition (Paudel, Owen, and Smith, 2021:10). Paudel, Owen, and Smith, (2021:11) stressed that these deeply embedded social customs, as well as the influence of other people, need to be routinely considered in efforts to encourage acceptability of contemporary medical therapies and

cultural practices campaigns. Latif, (2020:22) denoted that initiatives for medicine and well-being need to consider the relevance of customs among such groups and be sensitive to societal variations. Hence, they should focus on bridging the modern and African differences, emphasizing that none demands dedication. By doing so, it is possible to promote simultaneously the advantageous effects of contemporary medical methods and the safeguarding of societal authenticity, allowing individuals to reach educated judgments about how they feel (Brady, and Franklin, 2019:176).

2.7.6. Fear of Penalties

As noted by Wagner, Prentice, Saad-Roy, Yang, Grenfell, Levin, and Laxminarayan, (2020:975) fear of the consequences is a powerful motivator that can influence individuals' choices as well as their behaviours, especially when it pertains to medicine and cultural practices. African perceptions of their physical and mental well-being in multiple nations are significantly affected by customs and views. Whenever Africans depart from these commonly recognized standards, they may experience anxiety and stress, particularly if they are concerned that their actions will have negative religious or societal implications (Walters, 2022: 259).

Another component of this concern is the fear of spiritual consequences. Religious traditions have often been profoundly linked with traditional healing and cultural practices in many countries (Ahmed, Nordeng, Sundby, Aragaw, and de Boer, 2018:300). Johnson, (2016:16) denoted that whenever one departs from such African customs, it may be interpreted as a violation of ethical or religious orders, causing shame or anxiety of God's anger. Therefore, adherence to set principles is a method of keeping social coherence among communities and empires that are regularly intertwined. Individuals may be afraid of being chased, banned or excluded from their society if they abandon African cultural practices (Rus, and Groselj, 2021:100).

Because one's intrinsic desire for approval and participation within a community of people, a hated sensation of loneliness may operate as a successful deterrent. In addition, a lack of understanding or training on the potential benefits of modern medicine and cultural practices may heighten the fear of the consequences (De Rond, and Lok, 2016:1990). More so, Nuwarda, Ramzan, Weekes, and Kayser, (2022:1594) denoted that Christian people might get more scared of the potential consequences of breaking with their tradition if they are not sufficiently informed on the safety and efficacy of cultural practices.

2.7.7. Lack of Awareness and Education

Lack of Awareness and Education have been revealed as one of the reasons for the Christians (DRC) to adhere to African cultural practice although against the church teaching. Many African people are still adhering to some of the cultural practices like *muthuso wa vhana* because lack of awareness and education (Koc, Özdeş, Topatan, Çinarli, Şener, Danaci, and Palazoğlu, 2019:117). Fear of consequences is one of the reasons why people are still adhering (Koc, *et al.*, 2019:118). Pugliese-Garcia, *et al.*, (2018: 5618) stressed that many African people or individuals are more inclined to stick with African cultural practices such as African immunisation or *muthuso wa vhana*.

This misinformation can stifle the broad adoption of evidence-based healthcare methods, which can have serious consequences for the wellness of all people (Manene, Hove, and Cilliers, 2023:18). More so, African people in many communities, mainly those with limited access to institutions of learning, may be unaware of the newest and exact information on the benefits of contemporary immunisation (Rodrigues, and Plotkin, 2020:1526).

Gamage, Dehideniya, and Ekanayake, (2021:102) stated that lack of education, communication barriers, and a shortage of medical facilities in underprivileged or isolated regions can all exacerbate this knowledge shortage. As a result, individuals may opt to rely on data passed along through the generations, which usually implies African habits, even when faced with more reliable and safe alternatives. In addition, the absence of comprehensive health instruction may lead to errors and misinformation about cultural practices (Koc, *et al.*, 2019:118).

According to World Health Organization, (2020:01), stereotypes and inappropriate data can easily spread in communities lacking formal education on the subject. These misconceptions may deter individuals from considering Western ways of doing things, even if it has an opportunity to significantly improve their medical outcomes, by supporting their beliefs about the usefulness of African treatments (World Health Organization, 2020:04).

The persistence of these practices in disadvantaged or disenfranchised populations is primarily owing to a shortage of awareness and teaching on modern cultural practices (Azevedo, and Azevedo, 2017: 50). More so, Azevedo, and Azevedo, (2017:55) stressed that these locations usually contend with a multitude of difficulties, such as limited health care, financial inequalities,

and limited utilization of medical facilities. Hence, African people in such circumstances were unable to obtain the assistance or information required for making informed choices regarding how they felt.

2.8. Theoretical Framework

The researcher chose inculturation theory to integrate with the study. The concept gained prominence after the Second Vatican Council (1962-1965), which addressed the relationship between the Catholic Church and the modern world.

2.8.1. Inculturation Theory

Around the 20th Century, the inculturation theory increased significant attention in the mid-20th century, notably after the Second Vatican Council (1962-1965) in the Roman Catholic Church. In addition, around 1962 to 1965 there was a growing recognition that missionary efforts needed to engage more effectively with local cultures and traditions (Blanchard, and Bullivant, 2023:45).

According to the Inculturation theory several theologians and scholars, including Karl Rahner, Henri de Lubac, and Yves Congar, were influential in shaping the concept of inculturation (Wylie, 2022:42). More so, Blanchard, and Bullivant, (2023:49) added that the theory emphasised the need for Christianity to find resonance within diverse cultural contexts while preserving its theological integrity. In addition, the Inculturation theory was much influenced by the experiences of Christian missionaries working in non-Christian and culturally diverse areas (Flüchter, and Nardini, 2020:15). Hence, missionaries realised the necessity of adapting Christian practices and teachings to local cultures for better reception.

To concur, the inculturation theory emerged to make the Christian religion, based on Western culture, at home in Africa through conversation. Onimhawo and Ottuh (2018:95) asserts that inculturation is a cultural partnership. Inculturation is a deliberate endeavour to enable local people to be converted down to the roots of their culture. It aspires for a constructive collaboration between the conversion of the mind and the conversion of the way of life so that people can live their faith fully and express it in their way. As a result, it emphasises dialogue, engagement, listening, and openness to learn. Magesa (2014:05) asserts that inculturation is defined as the process through which faith already embedded in one culture contacts another culture. In this interaction, faith becomes an integral element of this new culture.

Furthermore, Robbins, (2014:15) denoted that the main goal of inculturation is to maintain the theological truthfulness of their faith while making it accessible and approachable in a variety of societal circumstances. Babatunji, (2016:45) stressed that the theory aims to make certain that the local population's cultural beliefs, values, and habits are in line with the Christian doctrine. More so, Ballano, (2020:101) stated that the enculturation theory seeks to promote the Christian gospel in a way that is sympathetic to social differences by doing this. As a result, the inculturation idea is not credited to any one of the original fathers; rather, it developed as a philosophical and missiological idea due to the difficulties associated with evangelisation in various cultural situations (Elawa and Elawa, 2020:150). Numerous scholars of faith, clergy, and the changing conversations between the Catholic, the Dutch Reformed Church and Christian endeavours have all contributed to its growth.

In addition, Chibuko, (2022:1773) postulates that the inculturation theory embraces that all cultures have inherent worth and that African cultures ought to be accorded the same respect and dignity. Furthermore, Clarke, (2022:99) added that the inculturation theory assumes that specific societies and Christianity have an advantageous connection in which both cultures influence and gain knowledge from one another. Additionally, the inculturation theory assumes that the greatest ways to transmit faith are through an individual's cultural language, signs, rituals, and practices (Yang, 2022:45). Finally, the inculturation theory highlights the need to comprehend Christian customs and morals in a fashion which renders sense in the setting of the culture to promote significance and comprehension (Ballano, 2021:41).

As much as there are several assumptions of the theory, there are also critiques towards the implementation and assumptions of the theory. For example, Hutagalung, Rumbay, and Ferinia, (2022:74) argued that some contend that by modifying fundamental theological principles to meet cultural situations, inculturation may jeopardize those principles and may result in doctrinal degradation. Additionally, others mentioned that there is worry that inculturation may lead to syncretism, which is the blending of aspects from various religions, possibly harming the core of Christianity (Clarke, 2022:45). Furthermore, there are disagreements on how much variety is acceptable in regional manifestations of Christianity. Some promote accepting various cultures, others stress homogeneity to preserve spiritual coherence (Hutagalung, Rumbay, and Ferinia,

2022:74). Finally, there has been discussion over the nature of power and how Western faiths may oppress and subjugate native cultures, resulting in a kind of ethnic colonialism (Clarke, 2022:60).

Therefore, the researcher chose inculturation theory because the inculturation theory holds momentous significance to the investigation of a Reformed Church perspective on "*muthuso wa vhana*" (Vhavenda traditional immunisation practice) within the specific context of the Southpansberg Synod of the Reformed Churches in South Africa. This anthropological and theological notion is paramount for comprehending how local cultural practices can be melodiously diffused or combined into Christian theology and worship deprived of conciliatory indispensable principles.

For illustration, the cultural amalgamation in worship in which the inculturation theory accentuates that religious practices can be modified to cultures that are locally deprived not or conciliating crucial Christian beliefs. So, that is why this study places much focus on the Vhavenda traditional immunisation practice, and the Reformed Church's perspective exploring strategies or methods to diffuse or house this African traditional practice amongst its worship background without conciliating the fundamental doctrines of the Christian faith.

More so, on respecting and understanding local African traditions, inculturation inspires understanding regarding local African traditions. For example, in the case of "*muthuso wa vhana*" the Reformed Church is likely to approach this practice with a desire to understand its implication in Vhavenda culture, recognizing the worth of these cultural practices and in the quest for strategies to diffuse them into the Christian faith in an evocative way, correspondingly endorsing the exchange of ideas and participation. When looking at a theory of inculturation, it consists of a self-motivated exchange of ideas amongst the Christian faith and local African cultures. Based on the study, the Reformed Church in the Southpansberg Synod may participate in a productive exchange of ideas with the Vhavenda community concerning their *African traditional immunisation practice* which might lead to reciprocated consideration and respect.

Moreover, on the matter of the preservation of African cultural identity, inculturation as a theory is concerned with the preservative of African cultural identity within the Christian faith. In this case, the Reformed Church may explore how aspects of "*Muthuso wa vhana*" can be diffused

within Christian worship, permitting Vhavenda Christians to uphold a link with their African cultural heritage. Correspondingly, in the context of contextualizing theology, inculturation as a theory involves acclimating theology to exact African cultural circumstances.

Therefore, the study explores how the Reformed Church's theology can be contextualized to tackle the matters and African practices related to "*muthuso wa vhana*". This incorporates understanding Christian principles in ways that reverberate with the African cultural and religious worldview of the Vhavenda community. Also, on social and spiritual incorporation, the enculturation theory distinguishes that the diffusion of the African local practices can have social and spiritual benefits. In other words, inculturation theory offers a complete framework for the Reformed Church to tackle the study of "*Muthuso wa vhana*" with sensitivity, respect, and a willingness to engage in a meaningful dialogue.

2.9. Chapter Summary

In summation, the above chapter focused on the holistic nature of the Reformed Church. It also explored African customs (norms and values), *muthuso wa vhana*. More so, it also delved into the views of the Dutch Reformed Church towards the African cultural practices like *muthuso wa vhana*. The chapter also gave the relationship that co-exists between the Dutch Reformed Church towards the African practices. Furthermore, the chapter explored the reasons why the Church still adheres to the African practices while they are forbidden. Lastly, the chapter introduced and explained the enculturation theory which was incorporated into the study.

Chapter Three: Research Design and Methodology

3.1. Introduction

In this study, titled "A Reformed Church Perspective on *Muthuso wa vhana* (Vhavenda Traditional Immunisation Practice): A Case Study of the Soutpansberg Synod of the Reformed Churches in South Africa," we explore the Reformed Church's stance on the traditional Vhavenda immunisation practice known as "*Muthuso wa vhana*." This study delves into the relationship between religious beliefs and African cultural traditions within the context of the Reformed Churches in South Africa, specifically focusing on the Soutpansberg Synod. The research design (*exploratory qualitative research design*) and methodology delineated in this study are complicatedly connected to the topic, pointing to a complete understanding of the Reformed Church's perspective on "the *Muthuso wa vhana*" and its implications within the Vhavenda community.

3.2. Research methodology

According to Pamplona (2022:71), research methodology is a methodical framework that enables you to tackle research problems by utilising the most effective and practical approaches to carry out your study while staying true to your goals and objectives. Furthermore, research methodology aims to provide answers to questions regarding the why, what, and manner of your study, according to Pamplona (2022:72). As Pamplona pointed out, the significance of having a research methodology lies in the fact that it aids in the study's planning, appropriately documents the research from beginning to conclusion, and enables readers to comprehend the strategy and methods employed in the study. Some of you can point to the technique and provide a rationale for your strategy if the researcher receives criticism or inquiries concerning your research (Pamplona, 2022:74).

To stress, research methodology, is an organised, scientific framework for gathering, analysing, and interpreting data to address questions of inquiry or test theories (Sreekumar, 2023:01). Researchers can also consider it as a strategy for conducting investigations, which helps them stay focused by limiting the scope of the study. McCombes and George (2022:10) added that research methodology also refers to the methods and processes that investigators use to find and analyse data related to an issue of study or the way study participants lay out their study to accomplish their goals using the chosen research devices.

Furthermore, research methodology encompasses all the key elements of research, such as the method of investigation, gathering and analysing information techniques, and the general framework for the study (McCombes and George 2022:10). Although these principles can aid in your comprehension of research techniques, you may also need to appreciate the significance of selecting the appropriate methodology. In addition, a study methodology is the main idea that determines the direction of your investigation, according to Dawson (2019:19). Dawson stressed that it establishes your overall research strategy and chooses the study methodology employed since methodologies are the instruments you use to collect the information you need, a research methodology differs from an analysis technique (Dawson 2019:19).

Thus, the part devoted to research methodology addresses two primary topics, such as what data was obtained or gathered and how it was analysed and enables the scholar to critically review the general accuracy and dependability of the study. Research methodology is therefore a crucial component of an investigation, as described by Vivek and Nanthagopan (2021:200). This subsequently ensures that your findings stay on schedule in accomplishing your research goals and address the research issues at hand, using the best data collection and assessment tools possible according to your research design.

3.3. Research Paradigm

A research paradigm, in the words of Chan and Kwan (2024:18), is a model, procedure, or framework for carrying out research. It is a set of concepts, convictions, or comprehensions within which principles and procedures can operate. Research paradigms are philosophical frameworks that form the foundation of your study, according to McCrudden and Rapp (2024:60). They provide a framework of assumptions and knowledge that the study project's assumptions and procedures are based on.

Furthermore, Zelinka, Szczypka, Plucar, and Kuznetsov (2024:175) define a research paradigm as an example or methodology for a study that a significant portion of the subject's researchers consider the norm due to its lengthy history of verification and application. To emphasise the point even further, the study's model is the foundation that the discipline's methods and ideas fit into to form the strategy for research, according to Zelinka, *et a.*, (2024:200). This framework directs

every aspect of the investigation plan, including the study's purpose, the study question, the tools or evaluations, and the analytic techniques.

Bracci, *et al.*, (2024:159), denote that a paradigm is a collection of hypotheses, presumptions, and concepts that influence the views of an individual and how they interact with other individuals and objects. To stress this, Bracci *et al.*, (2024:200) add that it is the prism that is used when a researcher looks at humanity and considers the methodical facets of their study before deciding which techniques to employ for gathering and analysing data. Liesefeld, *et al.*, (2024:20) say that employing a research paradigm is crucial since it provides a clear guideline for how to approach your topic's investigation. This improves the quality of your procedures and analysis, as well as clarifies your study. Furthermore, investigators must comprehend how their personal biases, presumptions, and opinions may influence their work. Liesefeld *et al.*, (2024:28) also emphasised that there are various paradigms in research, including positivism, interpretive theory, realism, critical theory (CT), and positivism. However, for this study, the researcher employed interpretivism.

3.3.1. Interpretivism Approach

The researcher used interpretivism. The interpretivism approach is a sociological investigation method that analyses a decision or occurrence based on the customs, beliefs, and standards of the group of people in which it occurs, according to Chan and Kwan (2024:15). Also, Mueller, File, Stremmel, Iruka, and Whyte (2024:10) say that the interpretivism approach uses qualitative research methods that value people's thoughts, feelings, and reasons over numbers when trying to understand how people interact with each other. Furthermore, interpretivists believe that social frameworks such as vocabulary, awareness, others' commonalities, and instruments are what allow people to connect with truth (Netshakhuma, 2024:30).

The term "interpretivism" refers to a way of analysing social events that employs the premise that the purpose of human activity is latent through that action (Alvermann and Mallozzi, 2010:01). McQueen (2002:16) claims that interpretivists "see the universe via an assortment of different perspectives" and that their preferred method of interpretivism is qualitative approaches. They also choose individuals who "have different views of reality" to "integrate the paradigm." Research that specialises in interpretivism looks for methods that enable them to fully understand how people

interact with their environment and how they influence the social structures into which they have become components. However, based on the study, the researcher chose this paradigm because this method is to discover meaning to have a deeper understanding of the *Muthuso wa vhana*. My research adhered to the interpretive research paradigm, which aided me in understanding and interpreting the participants' experiences based on their comments.

3.4. Research Approach

Research strategies involve guidelines and processes for conducting research that go beyond general hypotheses to specific techniques for gathering, analysing, and interpreting data (Taherdoost, 2022:63). Additionally, there are several choices in the current strategy, and they don't all have to be made in the order presented below or in the order that makes sense to you. According to Hassan (2024:10), research approaches are the methodical and organized methods by which researchers carry out their investigations; they vary in terms of their fundamental reasoning and investigation techniques. A research strategy is a set of guidelines and protocols that include detailed information on data collection and analysis of the entire process, as well as speculative assumptions. As a result, both the study design and methodologies should guide the research approach, since the research design identifies the relevant research tools to support the method of investigation (Hassan, 2024:15).

To emphasise this even further, Hassan (2024:17) notes that the primary aim of a method of inquiry is to offer a methodical and sensible technique to carry out research to meet the study's aims and goals. It assists the researcher in organizing, designing, and carrying out research in a systematic and effective manner, ensuring the study's validity, reliability, and use. Various research methodologies serve different functions and are appropriate for a variety of research issues and situations. There are three different kinds of study approaches: mixed methods, qualitative, and quantitative (Vivek and Nanthagopan, 2021:206). As a result, the researcher applied the qualitative research method to this study.

3.4.1. Qualitative Research Approach

The researcher used a qualitative research approach. DeCuir-Gunby (2024:80) states that qualitative research entails gathering and examining non-numerical data (such as written word, audio recordings, or video) to comprehend ideas, viewpoints, or experiences. It is useful for getting

a comprehensive understanding of an issue or coming up with novel proposals for research. According to Bhandari (2020:57), the purpose of qualitative research is to comprehend how individuals perceive the world. Furthermore, Streefkerk (2019:33) said that qualitative research uses language to explain ideas, feelings, or events.

With this kind of investigation, the researcher learns a great deal about obscure subjects. Open-ended interview questions, verbal descriptions of events, and reviews of literature that delve into concepts and ideas are examples of common qualitative techniques. Certain study biases, such as the impact of Hawthorne, bias among observers, recollection prejudice, and bias towards social desire, can also affect qualitative research (Streefkerk, 2019:45). Baek, Dyson, Howley, and Shen (2024:75) state that qualitative research is adjustable in response to emerging research issues and frequently attempts to maintain the opinions and viewpoints of participants. Qualitative research is advantageous for its adaptability, natural environments, significant insights, and innovative idea production. When attempting to comprehend ideas, feelings, or circumstances, researchers typically employ qualitative research methods (Geremew, Huang, and Hung, 2024:20). Therefore, the researcher chose this approach because it allowed him to research more or gather more in-depth data from mothers who know ritual (*Muthuso wa vhana*); African traditional healers, pastors who are African by birth but happen to be serving the reformed church, and parents who have taken their children for *Muthuso wa vhana*. The rationale for utilising this methodology is its ability to reduce personal bias and maintain scientific and objective inquiry (Bless et al., 2006:100).

According to the study, the researcher chose a qualitative design for the following reasons: Researchers typically use the qualitative approach, also known as a word-based research approach, because it provides answers to research questions such as what, how, when, and where. Through interviews with the participants, we were able to elicit detailed information from them by probing. This strategy aids me in my sampling procedure, allowing me to discover individuals who are familiar with the Vhavenda culture of *Muthuso wa vhana*. I used the qualitative design to gain a comprehensive understanding of realistic occurrences and tested hypotheses. Interact with the participants, some of whom have participated as traditional doctors who operated on the children and some members of the church who have secretly performed the *Muthuso wa vhana* (traditional child immunisation), method, adopting phenomenological and descriptive designs to obtain data

as the study focused on the lived experience of the Christians regarding cultural beliefs on *Muthuso wa vhana* and values surrounding childbirth.

3.5. Research Design

A research design, according to Jenkins-Smith, Ripberger, Copeland, Nowlin, Hughes, Fister, and Wehde (2017:259), is the series of actions one follows to gather and examine the data for your study. The system of methods and methods of research selected by a researcher to carry out a study is known as the research design. A research design refers to the strategy or structure used to carry out a study (Hunziker and Blankenagel, 2024:172). When finding answers to study problems or evaluating hypotheses requires laying out the general strategy and procedures for data collection and analysis. Moreover, Singh (2023: 414) said that a carefully constructed research project needed a strategy for assessing and decoding the data, an easily understood and clear research topic, and an in-depth plan for obtaining the information.

The design allowed the researcher to focus on the most effective research techniques for the topic at hand and organize their investigations for completion. According to Jenkins-Smith et al. (2017:259), the research design is the overall strategy one uses to address the subject or topic of your study. According to Hunziker and Blankenagel (2024:172), a researcher's design ought to contain the following: a particular question for study, theoretical foundations for data analysis, major ideas, an assumption or speculation, variables that are elements, and independent, and the advantages and disadvantages of the approach you have selected. In addition to being more creative and adaptable in their design, qualitative study designs have fewer limitations and enable researchers to obtain comprehensive, deep knowledge of a particular context or occurrence (Grey, Hurst, Lewis, and Meyer, 2024:01).

A carefully thought-out research design, according to Hunziker and Blankenagel (2024:190), helps guarantee that the techniques used align with the objectives of your investigation, that you get excellent data, and that they use the appropriate type of analysis to address the issues at hand using trustworthy resources. This enables the researcher to get reliable, legitimate results. There are four types of research designs in qualitative research: descriptive, correlational, experimental, quasi-experimental, cross-sectional, longitudinal, case study, ethnographic, exploratory, and

explanatory. However, the researcher decided on an exploratory research design for the study's objectives.

3.5.1. Exploratory Qualitative Research Design

The researcher used exploratory research design. "Exploratory research" is a methodology that examines previously unexplored study problems (George, 2021:20). Heredia, Sánchez, and González (2024: 113917) define exploratory research as the initial investigation that precisely identifies the issue that requires attention. Additionally, it ensures further investigation through an experiment, aids in defining the study's objectives, collects data, and concentrates on subjects that could be difficult to identify without exploratory research. Agafonow and Perez (2024:120) state that exploratory research is a strategy used by researchers to gain a deeper understanding of a problem before they try to convert large-scale reactions into data that can be objectively interpreted.

Furthermore, exploratory research is defined by Agafonow and Perez (2024:120) as a study done to investigate a subject that is not well defined, has not received enough attention, or is particularly insufficiently comprehended. Hunziker and Blankenagel (2024:160) define exploratory research as a methodology that delves into previously unexplored research problems. We frequently employ exploratory research when a problem is novel or the data gathering method presents certain difficulties. To underscore this point, we often use exploratory research when studying a novel topic (Hunziker and Blankenagel, 2024:160). In addition, Gulzar, Hussain, Akhlaq, Abbas, and Ghauri (2024:222) assert that the purpose of an exploratory research question is to expand your knowledge in a certain area of concern. Furthermore, Gulzar et al. (2024:220) emphasise that this design enables the researcher to establish connections between concepts, thereby understanding the foundation of their study, without introducing any presumptions or previous conceptions. Collecting data on an unexplored subject can pose challenges (Gulzar, Hussain, Akhlaq, Abbas, and Ghauri, 2024:220).

However, according to the study, the researcher used this design because it helps the researcher gain a better understanding of a problem or issue, clarify, or define the parameters of the problem, or refine a general idea into a more specific research problem. Also, the researcher seeks to explore a Reformed Church Perspective on "*Muthuso wa vhana*" (Vhavenda Traditional Immunisation

Practice): A Case Study of the Soutpansberg Synod of the Reformed Churches in South Africa. As a result, this encourages the researcher to explore more and dig deeper into previously unknown phenomena.

3.6. Location of the Study

Population is defined as a “collection of beings belonging to the same group that coexist in a certain geographical area, and persons of specific species inhabit a specific place and engage in interactions with one another” (Viver, Conrad, Rodriguez-R, Ramírez, Venter, Rocha-Cárdenas, Llabrés, Amann, Konstantinidis, and Rossello-Mora, 2024:544). Also, Dunne, and Zhang, (2024:198) stated that population is all the “people, things, or occurrences that are relevant to a researcher and have an identifiable feature. Williams, Hebblewhite, Martin, Meyer, Whittington, Killeen, Berg, MacAulay, Smolko, and Merrill (2024:20) underscore that they view the population as "individuals and as communal beings" and highlight characteristics such as chronological age, ethnic background, and financial status. Based on the study, a population is a collection of individuals living in a particular town, geographical area, or nation. The study is located around the vicinities of Thohoyandou in the Vhembe District in Limpopo Province, South Africa.

The development of Thohoyandou occurred in Tshiluvhi during the reign of Khosi vho Netshiluvhi. It was founded by President Patrick Ramaano Mphephu, who previously served as the Venda Bantustan's prime minister. In 1979, President Patrick Ramaano Mphephu declared Venda a republic. The construction of the commercial centre, Venda Government buildings, and the residential areas of P East and P West in R293 town began in 1977. Around 1400 AD, the Netshiluvhis were among the first people to live in the region after the Mapungubwe Kingdom fell. In addition, the Apartheid system of the Venda Bantustan under Mphephu Ramabulana evacuated the same people between 1960 and 1970. Thohoyandou is situated in the southern regions of the Vhembe district, northwest of Malamulele, alongside the R524 main road connecting Louis Trichardt and Kruger National Park. This region is the agricultural center of Vhembe, characterised by lush vegetation, banana plantations, and a variety of subtropical to tropical fruits, vegetables, tobacco products, and grain fields. In Thohoyandou, there are several kinds of villages; for example, Ngovhela, Mapate, Miluwani, Tshifura, Mapate, Gondeni, Makwarela, Ngudza, Tshikweta, Sibasa, Makwarela, Maungani, Vondwe, Phiphidi, Muledane, Duthuni, Tshisahulu, Maungani, Shayandima, Makwarela, and Maniini are little rural

communities that encompass Thohoyandou (Available at <https://en.wikipedia.org/wiki/Thohoyandou>). Accessed on 13/01/2024). Based on the study, the researcher chose the following villages: Ngovhela, Mapate, Miluwani, Tshifura, Mapate, Gondeni, Makwarela, Ngudza, Tshikweta, Sibasa, and Makwarela. In addition to selecting these villages, the researcher chose them because the Reformed Church is exclusively located in those specific villages.

3.7. Population of the Study

Chepkorir (2023:59), defined population as the entire group of people that comprise an organisation, be it a nation or merely a group of people with a certain characteristic. Thomas (2023:14), defined a population as a whole population or collection of individuals, things, or occurrences that the researcher is interested in and that have qualities. According to Chepkorir (2023:60), population is the general population from which a sample is taken, or it can be chosen depending on the qualities or traits being studied as well as the research goals. According to Shukla (2020:19), the population is defined as all the units to which a study's conclusions can be applied. Stated differently, the population is a collection of any number of entities that share the particular trait that is being studied, as well as the results of the study that can be applied generally.

Tabl 3.1 shows the participation who took part in the study.

Participants	Age	Gender	Role In the Community
A	65	Female	Traditional Healer
B	60	Female	Traditional Healer
C	80	Female	Traditional Healer
D	65	Female	Church Member
E	59	Female	Church Member
F	61	Female	Church Member
G	70	Female	Church Member
H	65	Female	Church Member
I	54	Female	Church Member
J	68	Male	Pastor
K	43	Male	Pastor
L	63	Male	Pastor

Fig 3.1. shows the presentation of the biographical profile of the participants. This section consisted of participants, age, gender, role in the community and location. Also, they had twelve participants both male and female, but more precisely three males and nine females. Participants

ranged from forty-three to eighty years old. They are three African traditional healers, six Church members and three pastors.

3.8. Sampling Procedure

Burakauskaitė and Čiginas (2023:1782) define sampling as the procedure in statistics where investigators select a certain amount of information from a larger sample. Academics can study a large group with a small sample of people. Furthermore, sampling is defined as the process of selecting a subset or demographic sample, also referred to as a representative group, of individuals from a demographic of statistical significance, to calculate the traits of the entire population. Turban mentioned this, as did Almazan, Reisner, and Keuroghlian (2023:03). The process of conducting a study on a smaller subset of the public is known as sampling. According to Burakauskaitė and Čiginas (2023:1781), there are specific procedures that researchers must adhere to whenever sampling to guarantee that the population under study fulfils the research objective. Turban et al. (2023:033) emphasised that a survey or sampling methodology is the method of examining the population through data analysis and collection. The extensive sample size forms the basis of the data. For instance, there are two types of sampling in research: probability and non-probability (Salvatore, 2023:23). However, this study employed non-probability sampling.

3.8.1. Non-Probability Sampling

Non-probability sampling, as mentioned by Salvatore (2023:06), is defined as an approach to sampling that involves the researcher choosing samples based on their opinion rather than random choice. In contrast to probability sampling, Tutz (2023:436) pointed out that non-probability sampling gives a portion of the population a lower chance of considering the study. For each component of the population. The best applications for non-probability sampling are pilot surveys and other exploratory research. Non-probability sampling symbolises an assortment of methods for collecting data that enable researchers to select components from a sample that they would be interested in studying (Burakauskaitė and Čiginas, 2023:1782).

Nonprobability sampling is a technique that ensures that each member of a group has an equal or predicted likelihood of being selected. Non-probability sampling is a quick, simple, and affordable method of gathering data because it doesn't require a whole survey frame (Turban et al., 2023:303). Furthermore, Tutz (2023:436) observed that researchers employ this technique in investigations in which it is not feasible to do random probability sampling because of financial or scheduling

constraints. Certain individuals in the population have a higher but unexplained likelihood of choosing than everybody else in a non-probability sample. Convenience, purposefulness, quota, snowballs, and choice are each of the five primary categories of non-probability samples (Salvatore, 2023:23). However, because of the nature of the study, the researcher used purposive and snowball sampling.

3.8.1.1. Purposive Sampling

The researcher used purposive sampling. Nuralim, Rizky, and Aguspriyani (2024:19) define purposive sampling as techniques for selecting a nonprobability sample in a way that renders it "an accurate reflection" of the population; however, there is no universally accepted definition of what constitutes an appropriate sample, and purposive sampling frequently rests on personal preferences. According to Saputra and Andajani (2024: 107), purposive sampling is choosing specific people or things for a specified goal, frequently because of their specialisation or distinguishing qualities.

To emphasise this point even more, Suryani and Herianti (2023:22) stated that researchers choose the samples only based on their qualifications and experience. Furthermore, according to Obilor (2023:07), judgmental or purposeful sampling is not empirical sampling. This sampling methodology has the drawback of allowing a researcher's predetermined views to affect the results. As such, there is a great deal of uncertainty in this study methodology. Furthermore, Kumar, Muthukumar, Devi, Geetha, and Yadav (2023: 281) describe judgmental sampling, or deliberate sampling, as a method in which a researcher uses their best judgement to identify and select study participants, situations, or happenings. judgement, sometimes known as purposeful sampling.

The goal of purposeful sampling is to find individuals who possess traits, knowledge, perspectives, or life events that can significantly clarify the study problem. Purposive sampling allows for a targeted approach to subject selection, and researchers use this technique when seeking in-depth information from experts, individuals with unique perspectives, or individuals who have firsthand experience with an occurrence (Nuralim *et al.*, 2024:17). Furthermore, in keeping with the intended goals, the goal is to assemble a group of participants who can completely and meaningfully participate in the study. Choosing participants for purposeful sampling entails doing so because you believe they could add value to your analysis. Sampling, as used in research, is the process of selecting a portion of objects from a given population to include in a study (Obilor

2023:09). Nevertheless, the researcher chose this methodology for the study because all the participants had knowledge of Muthuso wa vhana and were working towards the same goal. Additionally, these individuals possess the necessary information or expertise about the subject matter.

3.8.1.2. Snowball Sampling

The researcher used snowball sampling. Leighton, Kardong-Edgren, Schneidereith, and Foisy-Doll (2021:40) defined snowball sampling as an approach to non-probability sampling in which current study subjects recruit new participants. People commonly employ it when the population of interest is challenging to reach or locate. According to TenHouten (2017: 59), snowball sampling is also known as link referral sampling because individuals recruit others in a network-like pattern. Weech (2023:32) stressed that it is beneficial when the population is small, concealed, or challenging to immunisation using traditional techniques. To broaden its sample, it relies on social networks and contacts. Moreover, Sefcik, Hathaway, and DiMaria-Ghalili (2023:353) pointed out that snowball sampling, a form of network sampling, leverages the social profiles of established participants to identify and entice potential subjects, rendering it valuable in studies that emphasise social conditions or interactions.

According to the study, the researcher chose this type of sampling because it helped her find populations that were difficult to access or identify using traditional methods. This might include marginalised communities or groups with privacy concerns. It also aided the researcher in locating absent participants. As a result, this sampling method only works with African traditional healers. The researcher identified only one traditional healer and then proceeded to enumerate others. The researcher relied on sampling because she was unfamiliar with the traditional healers in those areas.

3.9. Data Collection Instrument

Taherdoost (2021:29) defines data collection as the methodical process of obtaining samples or sightings. As defined by Asenahabi (2019:80), data collection is the act of obtaining and examining precise data from a variety of sources to assess potential outcomes, find solutions for study difficulties, and identify patterns and likelihoods, among other things. To emphasise this further, Aini, Zaharuddin, and Yuliana (2018:100) defined data collection as the process of gathering and

assessing knowledge or information from many sources to foresee patterns and probabilities, evaluate results, and identify solutions to study issues.

According to Sileyew (2019:10), data collection is the methodical process of gathering, collecting, assessing, and evaluating exact data to aid academic study projects carried out by teams of people from a variety of fields. Furthermore, data collection refers to the act of obtaining data from every relevant resource to assess the results, test the prediction, and identify solutions to the study problem (Asenahabi, 2019:80). Furthermore, we can categorise data collection techniques into two groups: primary and secondary techniques (Apuke, 2017:07). Taherdoost (2021:31) asserted that sources such as literature, internet records, organisational and governmental documentation, publicly accessible data, and previous research projects can provide secondary data. However, considering the investigation, the researcher employed semi-structured interviews as the major method of data collection.

3.9.1. Semi-structured Interviews

The researcher used semi-structure interviews. Hoffmann, Pine, Georgiades, Szatmari, Miguel, Pan, Gadelha, Rohde, Merikangas, Milham, and Satterthwaite (2024:80) define a semi-structured interview as a data gathering technique that involves asking participants a series of broad inquiries, followed by further inquiries to delve deeper into their responses and the subject matter under investigation. Semi-structured interviews, according to Sadek, Calvo, and Mougnot (2023: 08), are a type of qualitative research method in which the interviewer either concentrates on posing inquiries within a scheduled topic system or incorporates an established set of questions that are open-ended with the possibility to delve deeper into specific themes or reactions.

In addition, semi-structured interviews are a qualitative research approach that gets a detailed grasp of the participant's ideas and emotions on subjects (Geurkink, *et al.*, 2023:10). Koulouris, Salter, and Alexandre (2023:228) emphasised that the person being interviewed can modify the sequence, omit unnecessary inquiries, or come up with new ones as they arrange their inquiries in advance. Geurkink *et al.*, (2023:09) also proposed that the interviewer ought to be ready to elicit further information and offer subsequent inquiries.

Furthermore, according to Wen, *et al.*, (2023:09), semi-structured interviews typically take place in a location or through a recording call and run approximately thirty and sixty minutes in duration

on average. In a perfect scenario, the interviewer would be able to monitor the subject's physical and spoken signals during actual time and modify their strategy accordingly. Wen et al. (2023:10) proposed that the interviewer should aim for a dialogue flow that fosters candid discussion from the interviewee, while simultaneously focusing on the primary subjects of the study. In addition, Pichonnaz, Ancy, Mbarga, and Foley (2023:06) noted that the researcher does a thorough analysis of the data following the interview to derive significant conclusions. This includes classifying the data and searching for developments and themes.

Pichonnaz, Ancy, Mbarga, and Foley (2023:10) denoted that a semi-structured interview offers the best framework for gathering unstructured information and insights. However, for the study, the researcher chose these types of data collection methods because McWalter, Al Khenizan, and Ahmad (2023:08) stated that semi-structured interviews are an accommodating structure of the interview, which enables the researcher to persuade or motivate the interviewee if they are seeking greater details or find what they offer captivating. Consequently, McWalter et al. (2023:08) emphasised that this allows the researcher to freely ask the subject for further information or to pursue a different path of investigation that the interviewee has suggested. Stated differently, semi-structured interviews offer informants the liberty to freely articulate their opinions.

Furthermore, Ismayilova and Yaya (2022:14) regarded semi-structured interviews as "the most effective of both worlds" because they combine the benefits of both organised and unorganised approaches. Furthermore, thorough user input could provide researchers with unexpected findings in addition to trustworthy data. According to Hoffmann et al. (2024:80), structured conversations have a rigorous format that prevents the interviewer from eliciting additional detail even if they would like to. Semi-structured interviews, on the other hand, allow the researcher to delve deeper into interview participants' viewpoints. Furthermore, according to Sadek et al. (2023:08), the semi-structured style offers the essential direction that keeps researchers concentrated on the main subjects at hand.

Geurkink *et al.*, (2023:10) assert that a semi-structured interview ensures adequate attention to crucial subjects, even if the interviewer chooses to proceed through the inquiries in a different sequence or covers other topics. Stated differently, the ability to develop queries ahead of time is a major reason why a lot of researchers choose to conduct interviews in a semi-structured format. This makes it possible for the interviewer to show competence and be well-prepared throughout

the interview. Researchers often conduct informal and unstructured conversations prior to semi-structured interviews, which allows them to fully understand the subject matter and create relevant and insightful semi-structured questions (Koulouris, Salter, and Alexandre, 2023:228).

Drafting an outline of the problems or subjects to cover is usually the first step in creating an interview guide. In this process, the question you are investigating, and your interview objectives should serve as your guides. The researcher divided this into multiple questions that are relevant to the interviewee and easy for them to comprehend. Additionally, questions should be unrestricted and require a response that goes beyond a yes-or-no. According to McWalter, AlKhenizan, and Ahmad (2023:08), it is important to write the questions in simple terms and maintain a reasonable count of pertinent queries within the allotted time.

However, the researcher employed this method because it enables the researcher to delve deeper into the subject of *mu*, or *wa vhana*, and allows for the administration of open-ended, face-to-face questions aimed at observing individuals' perceptions, beliefs, attitudes, feelings, and knowledge levels about the phenomenon. In other words, the objectives of the researcher are to ascertain individuals' beliefs, thoughts, or knowledge about the phenomenon. The researcher conducted the interviews in a comfortable and non-threatening environment (Streubert and Carpenter, 1991:23). According to the study, the researcher interviewed three African traditional healers (female), six church members (both male and female), and three (3) male pastors who resided in Thohoyandou, aged between forty and eighty years, and were familiar with Muthuso wa vhana. These interviews were structured in English. However, because of the participants, the question was translated and conducted in Tshivenda.

3.10. Data Analysis

Nag and Ahmad Malik (2023:100) stated qualitative data analysis (QDA) as the process of arranging, deciphering, and evaluating non-numerical, theoretical, and user input from qualitative research to identify commonalities and trends, respond to research inquiries, and propose improvements for the website or item you are selling. To add, data analysis, according to Shabbir, Shabbir, Javed, Rizwan, Iwendi, and Chakraborty (2023:509), stated that data analysis is the process of transforming, cleansing, and processing unprocessed data to obtain pertinent, usable knowledge that aids in enterprise decision-making.

To stress, Caulfield (2019:10) denoted data analysis as the act of organising meaning, logic, and order out of a lot of acquired data that is disorganised, ambiguous, time-consuming, creative, and fascinating. To put it another way, data analysis is the process of interpreting obtained data by applying logic and analysis to identify patterns, correlations, or trends (Zeng, Li, Li, and Luo, 2022:22). Furthermore, Zhang and Zhang (2022) emphasised that data analysis tools help to gain pertinent insights that result in more intelligent and efficient choices. We analysed the collected data and created patterns by coding similar ideas. Nag and Ahmad Malik (2023:100) denoted that there are several types of data analysis methods in research, especially in qualitative research, namely, content analysis, thematic analysis, narrative analysis, grounded theory analysis, and discourse analysis. However, based on the nature of the study, the researcher chose thematic data analysis.

3.10.1. Thematic Data Analysis

In this investigation, the investigator employed thematic data analysis. Caulfield (2019) defined thematic analysis as a “method of assessing qualitative information frequently employed in a collection of documents, which may involve a discussion or recording”. Investigations analyse the data to identify recurring themes. These recurring issues, ideas, and interpretive frameworks in the data under analysis are known as prominent themes. Braun and Clarke (2023:05) developed a six-step theme and data analysis process that involves familiarising oneself with the data, coding, generating themes, evaluating themes, defining, and labelling themes, and writing up the findings.

Thematic analysis is a technique for examining qualitative data that entails going over a collection of data and scanning it for trends in the interpretation of the data to identify topics (Braun and Clarke, 2023:04). Creating meaning from the information is a proactive, reflexive process in which the researcher's own experience plays a central role. Thematic analysis constitutes one of the most prevalent techniques for analysing qualitative research. Finding, evaluating, and deciphering useful trends in qualitative data is its focus (Braun and Clarke, 2023:04). Finding significance through pattern analysis is known as thematic analysis. To put it another way, the process entails examining the recurring trends and motifs in your dataset to determine their fundamental importance.

Braun and Clarke (2023:02), the purpose of the versatile research approach known as thematic analysis is to find, examine, and characterise trends or themes within a data collection. No

philosophical viewpoint restricts it. Caulfield (2019:05) stated that, to respond to research questions, data analysis methods include creating data abstracts. Therefore, browsing through a data collection and looking for trends in the data's purpose can help you find themes using thematic analysis, a qualitative data analysis technique. The investigator's viewpoint is crucial to deriving interpretation from data in thematic analysis, which is a dynamic form of reflex.

Step 1: Familiarising yourself with the data

In the first step of theme analysis, study teams or researchers familiarize themselves with the information being analysed. This could entail writing down the facts as well as reading them repeatedly. To begin the process of allocating initial codes, researchers may jot down their preliminary ideas regarding any possible patterns they see in the information at hand. To put it another way, understanding the data is essential for effective use. To identify any overarching themes, get a sense of the data (Braun and Clarke, 2023:06).

Transcribing audio recordings allowed you to look for connections and significance in your information collection (Braun and Clarke, 2023:06). While you listen to the transcript section about possible codes to write, make notes. Currently, the researcher is attempting to come up with some basic ideas concerning what to write in code, what codes to use for them, as well as what codes will best represent the material you provide. At this juncture, going over your study topic, goals, and objectives again is a good idea. For example, the researcher could code the interpretation of African immunisation, also known as *mu thuso wavhana*, based on the participants' beliefs and opinions.

Next, the researcher documented the data coding process, the rationale behind the chosen method, and the data coding results (Braun and Clarke, 2023:06). Therefore, keeping a retrospective notebook from the beginning will be very helpful to the researcher when it comes to the conclusive phase of analysis. This is because it allows the researcher to evaluate what they have coded in a trustworthy manner, as well as whether their codes and themes corroborate their findings.

Step 2: Coding

In the context of thematic inquiry, codes are a tool that researchers use to rapidly and readily determine the ideas and subjects covered in their data. Researchers can code both video and audio

samples, as well as brief passages of textual data. It solely depends on the kind of theme analysis that is employed; it may be carried out in a simpler manner or in a methodical and comprehensive one (Braun and Clarke, 2023:07). In other words, this step requires the researcher to create an initial set of codes that clarify the intended meaning, and the relationships present in the analysed information. For the research team, keeping track of the codes in a codebook is critical. Reread the information to find noteworthy passages and apply the relevant codes (Braun and Clarke, 2023:07).

As the researcher becomes more familiar with the information at hand, he or she may discover that additional aspects necessitate the assignment of distinct codes or themes. While analysing the data, the researcher might begin to see subthemes subdivides of themes that concentrate on a particular facet that is important or pertinent to your study issue (Braun and Clarke, 2023:07).

Step 3: Generating Themes

Braun and Clarke (2023:07) define concepts as the fundamental concepts and topics covered during the theme generation stage of data collection. As a result, the researcher can identify patterns by compiling the code identification findings and creating themes for each of the immunisation codes based on their significance or topic matter. The researcher classified all extracts related to a specific code and removed the codes and assembled them.

Step 4: Reviewing Themes

According to Braun and Clarke (2023:07), during the theme assessment process, researchers need to evaluate how well the themes align with the coded information. At this point, they may begin arranging the ideas onto a schematic, or a preliminary conceptual structure. As a result, whenever the researcher has completed the codes, they must begin sorting them according to probable themes, which represent data over time.

Furthermore, Braun and Clarke (2023:08) proposed that to generate sub-themes, a researcher needs to mix certain codes. To put it another way, the current stage or phase entails the researcher reviewing all the previously identified themes, ensuring that each one aligns authentically with the data, verifying if the power source themes are still present in the data, identifying any omitted themes, and determining if they can move on to the next step, ensuring a comprehensive and correct categorization of all identified themes.

Therefore, a researcher, find that the topics have become too broad and that you've gathered a significant amount of data under one subject, it could be beneficial to divide this into multiple themes to enhance the specificity of your study (Braun and Clarke, 2023:08). Now, it's crucial to revisit the study's questions and confirm that the patterns and information discovered closely align with them. The researcher subsequently assesses the themes to see if they constitute genuine and helpful depictions of the information; if not, the researcher re-examines the themes to see if they are still accurate (Braun and Clarke, 2023:08).

Step 5: Defining and Naming Themes

As stated by Braun and Clarke (2023:08), one of the most important parts of thematic analysis is recognising and characterising themes. The rationale is that as researchers go over the patterns more thoroughly, they start to identify and label them more precisely. Themes are unique to codes in that they are immediately associated with the study question and identify patterns throughout the collected information as opposed to just topics (Braun and Clarke, 2023:09).

Once determined, the researcher can evaluate and modify the original themes. Every theme ought to be unique and backed up by sufficient evidence. The investigator can combine related topics, eliminate those that don't have enough evidence to support them, and start crafting concepts into a story. Stated differently, the process of establishing themes entails precisely defining each topic and determining how it contributes to our understanding of the data. (Braun and Clarke, 2023:09). Moreover, assigning names to themes entails identifying each subject as something brief and intelligible. The researcher named and defined each area of study. By accomplishing this, we are going to be able to clearly define each theme, determine how it contributes to our understanding of the data, and provide a brief, intelligible description for each topic.

Step 6: Writing Up

The researchers are now developing the wrap-up paper, which provides a thorough description of the codes and themes and excerpts from the initial data sources that highlight the conclusions, including any additional details pertinent to the analysis (Braun and Clarke, 2023:10). The final report may include a literature summary, referencing other earlier studies and the results that informed the study's subject formulation. It can also suggest topics for further research that have surfaced during the investigation process and gained widespread support. Producing the

manuscript is the last stage in narrating a set of information, and the researcher is going to consider all of the themes to convey the reliability of your study (Braun and Clarke, 2023:10).

3.11. Ethical consideration

According to Younis, Eisa, Nasser, Sahib, Noor, Aly Asiri, Salisu, Hayder, and Younis (2024:109), conducting studies in secrecy requires strict adherence to ethical considerations. According to Baggini and Fosl (2024:10), ethical requirements for research are tenets that protect humanity and guide researchers during their study endeavours.

To emphasise even further, ethical considerations during studies usually involve upholding moral and ethical principles during the study process and applying ethical guidelines inside the research field (Uys and Asson, 2005:96). Baggini and Fosl (2024:10) argue that holding researchers accountable for their actions ensures correct funding allocation and prevents fraudulent research. There are various forms of research ethics that a researcher may employ, according to Younis *et al.*, (2024:109).

3.11.1. Permission to conduct research from local authorities.

Baggini and Fosl (2024:12) state that to obtain authorization from local authorities, the researcher must first inquire about the governing body in question and request permission to do a study within the area in question. Considering this, the researcher seeks permission from the village where they reside to gather information for this study, with the aim of respecting those in positions of authority and instilling confidence in the participants.

The researcher intends to obtain permission from the relevant authorities to conduct their study involving the Soutpansberg Synod of the Reformed Churches. Additionally, with the community's permission, the researcher may stay, for example, with the chief. But before the researcher seeks permission to collect data from the local authorities, he must first get approval from the University of Venda for ethical clearance, then go and get permission from the local authorities. Obtaining an ethical clearance from the institution is crucial, as it ensures the protection of the participants' rights.

3.11.2. Informed consent

Xu and Yuan (2024:09) assert that informed consent is a fundamental tenet of research ethics, allowing human subjects to participate in studies at their discretion, provided they fully understand

the implications of their participation and provide their consent prior to the study's commencement. Furthermore, Harden and Fanfarelli (2024:300) emphasise that obtaining informed consent entails informing potential subjects about the main components of the investigation and the nature of their involvement.

According to Banks, *et al.*, (2024:33), obtaining informed permission is a crucial element in conducting research involving human participants ethically. Providing a written consent document with the necessary information and presenting it to potential participants are the standard steps in the consenting method (Xu and Yuan, 2024: 09). To put it another way, informed consent is a fundamental ethical concept that requires researchers to fully disclose all relevant details about their study to those participating.

The researcher must guarantee that the participants receive information that is comprehensible, succinct, and easy to grasp. This idea is essential for maintaining the integrity of research ethics and guaranteeing that subjects are either tricked or forced into taking part in a study (di Vimercati, *et al.*, 2023:30).

According to the study, the researcher applied this ethical principle by ensuring that all participants fully understood the study's purpose. Also, make sure that all participants are aware of the advantages and disadvantages of taking part in the research. Researcher do this to ensure the researcher's accountability and responsibility, and to prevent any violation of the participant's rights.

3.11.3. Anonymity

Vrselja, Lacković, and Lotar Rihtarić (2023: 40) define anonymity as circumstances in which the real name of the actor is concealed. Aykent and Seals (2023: 20) define anonymity as the inability to identify the research project participants or any specific individuals from the data they submitted. Researchers can ensure participant anonymity by avoiding collecting any information that could identify them. Additionally, they can employ a different tactic known as data masquerade, which involves substituting fictitious names for participant-identifying information (Zhang, *et al.*, 2023: 457). Di Vimercati, *et al.*, (2023:27) noted that while linking the study outcomes to the subjects remains feasible, it becomes more challenging due to the separation of the individuals' identities from the study findings.

According to the study, the researcher ensured all participants' anonymity by either keeping their names anonymous or using pseudonyms. The researcher kept names anonymous because some participants felt comfortable sharing their information with the world, even though it was unknown to anyone. The researcher used letters, such as A, B, C, D, E, or F, to represent participants.

3.11.4. Confidentiality

Mirza (2023:36) defines secrecy as a set of guidelines or a commitment, typically implemented through confidentiality agreements, that restrict access to or sharing of specific categories of data. According to Carvalho and Moreira (2023:130), confidentiality refers to the safeguarding of particulars and knowledge. Confidentiality, on the other hand, refers to a situation in which a researcher is aware of a research subject's personal information but takes precautions to prevent that identification from becoming public knowledge. According to Fillmore, McKinley, and Tallman (2023:140), most of the research involving human beings necessitates obtaining a signed contract from individuals and gathering additional private information; as a result, researchers are mindful of the identities associated with their participants. Secrecy must ensure the privacy of data in these situations (Mangipudi, *et al.*, 2023:280).

Prior to anything else, they use encrypted files with passwords when transferring data online, as well as simple locks on cupboards and locks (Wadmann, Hartlev, and Hoeyer, 2023:300) to keep their information safe. Oftentimes, they don't keep records that connect subject answers to personal data. Furthermore, researchers typically only release aggregate findings, not personal data, to the general population, as individuals may not identify themselves, but rather through various markers or multiple pieces of information concerning topics (Mirza, 2023:30). Uphold secrecy; eliminate all information that might contribute to the identification of these people from your results, even if you know who they are. Researchers must protect contributors' secret data for as long as they think one is intent on keeping or employing it, as each person has a legitimate interest in privacy (Fillmore, McKinley, and Tallman, 2023:139).

The researcher safeguarded the information of the participants by putting the audios in locker drawer or putting a password so that no one can access.

3.11.5. Voluntary Participation and the Right to Withdraw at Any Time

According to Lam, Grasse, and McDougle's theory (2023:1510), voluntary participation denotes the freedom of every study subject to decide whether to participate, free from compulsion or pressure. Also, Jacobsen, *et al.*, (2023:870) added that any participant is free to end the study at any time without feeling obligated to do so. Researchers Jacobsen, *et al.*, (2023:870) emphasised that those participating in the study make their own decisions to participate, free from coercion or coercion from the team of investigators, and that they are not required to give a reason for quitting the study. To put it another way, subjects are free to stop participating in the study at any time and for whatever reason, and volunteers are not obliged to provide a justification for leaving. Therefore, there is a need to be sure that everybody immunisations their rights and may drop out of the research study at any point without any consequences (Dederichs and Kruse, 2023:41; Chen and Wei, 2023:10). In this study, the researcher asked the participants to volunteer freely, respecting their free will. Additionally, the researcher assured the participants that they could freely withdraw from the study at any time if they felt unprepared, ensuring they were not under any pressure to participate.

3.11.6. No harmful deception of subjects

Bless, Smith and Kagee (2006: 182) Deception refers to the act of withholding information from participants in a research study to keep them unaware of the research objectives. The present study involves the pre-disclosure of the actual research goals to the participants before the commencement of the research project (Baggini and Fosl, 2024:10). The study led the researcher to the conclusion that neither exposing participants' information nor bribing them to participate in the study harms them. Therefore, participants should feel free to participate in the study without fear of violating their rights.

3.11.7. No harm to participants

Babbie et al. (2009) assert that research must guarantee no harm or injury to the participant, regardless of their voluntary or involuntary participation. The researcher will ensure the confidentiality of respondents by excluding any personal information, including identification numbers (Uys and Asson, 2005:96). The researcher aims to conduct the interviews with a high level of professionalism, sensitivity, and confidentiality to prevent any potential harm to the participants involved in the research. The researcher ensured that the study did not harm

participants, either by exposing their information or by bribing them to participate. Therefore, participants should feel free to participate in the study without fear of violating their rights.

3.11.8. Permission for Notetaking and Audio Recording

As mentioned by Younis, Eisa, Nasser, Sahib, Noor, Alyasiri, Salisu, Hayder, and Younis (2024:109), the researcher must obtain consent from the participants before or throughout the interview to record the conversation and take notes. The goal is to obtain consent from the participants, as conducting the interview verbally does not allow the researcher to retain knowledge in the brain (Baggini and Fosl, 2024:10). According to this study, the researcher asked permission to record or take notes so that he does not lose anything when he is doing data analysis, as that is key.

3.12. Measures to Ensure Trustworthiness

There are four elements that determine the trustworthiness of the researcher. Below, we have identified and elaborated on some of these elements in greater detail:

3.12.1. Credibility

According to Stahl and King (2020:27), credibility is a measure of the empirical findings from qualitative research, or the precision and correctness of the research results. According to Wilholt (2023:10) and Zhong and Liu (2022:250), obtaining diverse viewpoints during the data collection process improves the validity and suitability of the data, thereby increasing the credibility of qualitative data.

The researcher employed several sources of information for tracking discrepancies in the information and debriefed his colleagues, which was a crucial step in the verification process and increased the study's credibility. This could also have been accomplished using data, researcher, or conceptual verification; participation validation or member verification; or the demanding methodologies employed to obtain the data.

3.12.2. Transferability

Ludwig, *et al.*, (2023:356) define transferability as the extent to which the study's findings are applicable in various situations, contexts, and environments. Brazelton and Ononuju (2023:02) suggest that another perspective on transferability is its capacity for generalization. We can demonstrate transferability in qualitative investigation by providing a thorough explanation that

includes sufficient details about the investigation site, participants, and the techniques or protocols used for data gathering. Furthermore, Carter-Snell and Singh (2023:50) proposed that transferability in research is analogous to the ability to be generalised in qualitative analysis, but it is not the same as the ability to be generalised; rather, adaptability pertains to the conclusions' relevance for people or similar environments rather than to larger contexts.

Researchers used a variety of strategies to ensure transferability in their study, such as interviewing study participants to confirm the accuracy of the data they were gathering.

3.12.3. Confirmability

According to Ludwig *et al.*, (2023:356), confirmability is the process of demonstrating that their qualitative study is impartial and unaffected by the researchers' presumptions or prejudices. According to Brazelton and Ononuju (2023:02), you can often demonstrate confirmability by providing an audit trail that details each step of the data analysis process, ensuring your conclusions are free from conscious or unconscious bias and accurately represent the responses of the participants. To ensure the study's confirmability, the researcher used semi-structured interviews to collect data (Slade, Prinsloo, and Khalil, 2023: 320).

Additionally, the researcher used the records to verify the validity and reliability of the results after gathering the data. Alonzo and Teng (2023:1080) assert that reviewing and double-checking information during data gathering and analysis ensures the confirmability of qualitative data, as others are likely to replicate the conclusions. Mol *et al.*, (2023:08), a well-defined coding scheme that denotes the codes and patterns found during studies can serve as a record of confirmability. This method is known as an audit trail. Triangulation and member verification of information, along with a wrap-up discussion or personal exercise to address potential biases, can also guarantee it (Riley, Swanson, and Cook, 2023: 04).

3.12.4. Dependability

According to Ludwig *et al.*, (2023), dependability is a way of assessing or proving the precision and coherence of your research's findings. According to Brazelton and Ononuju (2023:02), it is important to keep track of the exact procedures you employ for gathering, analysing, and deciphering the data, as well as to provide enough context about every item. Carter-Snell and Singh (2023:50) have noted that one method for assessing the dependability of a qualitative study is an

outsider's inquiry audit. Carter (2023: 380) further observed that screening characteristics can reinforce research dependability, and that dependability bears similarities to reliability in quantitative investigations.

To ensure the uniformity and dependability of the research methodology, the researcher employed systematic data collection and analysis approaches (Alonzo and Teng, 2023:1080). Mol *et al.*, (2023:08) assert that stringent, extensively documented procedures, analysis, and data-gathering methodologies can guarantee dependability. An external reviewer typically conducts an audit to ensure reliability.

3.13. Delimitation

This study was conducted near Thohoyandou in the Vhembe District of Limpopo Province, South Africa. Thohoyandou is a Tshivenda-speaking people with distinct socio-cultural practices. Vhembe District Municipality has four local municipalities located in the northern part of Limpopo Province.

3.14. Chapter Summary

In summary, this section focused on the following themes: the research approach, the research design, the location and population of the study, sampling and sampling size, data collection methods, data analysis, and ethical considerations.

Chapter Four: Data Analysis and Interpretation

4.1. Introduction

Chapter 4 (Four) covered data analysis and interpretation. Participants were eleven from three different categories. The number was not much because of data saturation in which participants were asked questions and the researcher found out that all the answers were becoming the same. More so, the rights of participants were adhered to, as noted in the previous chapter. In addition, since the nature of the study was qualitative, the researcher adopted a thematic data analysis as according to Braun, and Clarke (2023:05), in which data was analysed and transcribed in a verbatim way. The goal was to explore the comprehension of Reformed Church members *Muthuso wa vhana* and its impact on both church leadership and congregants. More so, the study sought to explore a reformed church perspective on “*Muthuso wa vhana*” (Vhavenda traditional immunisation practice): A case study of the Soutpansberg synod of the reformed churches in South Africa. The objectives of this study, which were addressed in the findings were:

The objectives of the study were to:

- To explore the Reformed Christian’s understanding concerning *Muthuso wa vhana*?
- To determine if *Muthuso wa vhana* is against Reformed belief and teachings or if it is part of every culture.
- To determine the reasons for the reformed adherence to performing *Muthuso wa vhana* although against the church teaching.

4.2. Key Findings: Explore A Reformed Church Perspective On “*Muthuso wa vhana*” (Vhavenda Traditional Immunisation Practice): A Case Study of The Soutpansberg Synod

This section explores a reformed church perspective on “*Muthuso wa vhana*” (Vhavenda Traditional Immunisation Practice): A Case Study of The Soutpansberg Synod. The researcher wanted to understand from the participants if they understood what *Muthuso wa vhana* is. So, the researcher ended up asking the following question: *What is your understanding/view, opinion, or comprehension about Muthuso wa vhana?*

4.3. What is the Reformed Church Christian understanding and description concerning *Muthuso wa vhana*?

In this section, the researcher wanted to understand more of knowledge of *Muthuso wa vhana*. So, most questions were formulated as to answer the above question.

Theme 1: Knowledge about *Muthuso wa vhana*

As it was important, to know *Muthuso wa vhana*, the researcher went on by asking the following questions to all participants as follows: *What is your understanding/view, opinion or comprehension about Muthuso wa vhana?*

In that regard this is how participants responded:

Participant A: *“Mmm, traditional child or children immunisation in an African culture is, when we talk about immunisation after the child is brought on earth there is a lot of expectations which is different on earth and then, is being immunised to ease the well upgrowing of the child, in other way, the practice of child immunisation is due to diseases that are found on earth, immunising diseases, protecting the child from situations, there are some different diseases which is specifically for the children, in other way when the child is being immunised, we are immunising the impacts of diseases that the child can come across with when growing up that is why we said the child is going to be immunised because he/she has to get help to grow well. Aa”.*

Participant B: *“They are saying that a child is cut and smeared with traditional medicine/herb, so it is started, so as a child is being smeared with medicine, the hairs that a child is born with are removed. After the hairs were removed, the medicines were prepared, and a child was covered with a blanket to inhale the prepared medicine, a child started to inhale and breathe in the medicines, and the child was welcomed to a second world, because there a child was alone in a mother’s womb, Now a child is in a world where there is everyone who lives in it, a child is inhaling a medicine made of ashes, an incision is made on a head, on the shoulders, and the medicines are smeared.*

Participant C: *“When my aunt was no longer able to perform child immunisation, she showed me how to do this.” She also gave me the medicine. After setting the fire, I take the char and instruct them to remove all the child's clothes. Once they have done so, I take the child. After applying the medicine to the charcoal, I steam the child, starting from the back, moving to the face, ears, and feet. I hold the child in this manner until I am satisfied. When I finish, I grind the medicine and smear it all over the child's body, including the face, but not on the head. I only applied a small amount of medication to the child's fontanelle and gave the mother medicine that she would prepare for the child at home. I told the mother that the child should*

not bathe today; instead, the child should sleep with the medicine that was smeared on his body. Tomorrow morning, the baby should be bathed, and the mother will bathe the child. The child receives a prescription from a traditional doctor.

Participant D: *“Eeh, Child immunisation is when they have taken, but I don't know what kind of skin that skin or is the skin of a hippo or waterbuck? There is part of the skin involved and the head bone of a monkey, and what else, there are so many parts and taken baboon faeces, which the child would be steamed with, fearing the disease of fainting, which they call it Davhi. Davhi is a kind of disease in which if the child is affected by this disease, he or she will feel faint, eye moving, and if the mother cries, when the child awakes and becomes crippled, they steamed the baboon faeces and burn that bone of monkey cut the head of a child, smeared and smeared where they made a cut on the head, and that skin, or whether it is for a hopeful (waterbuck), they will also burn it and smearing all over where they have cut from the bottom and up the body, to smear the body from the bottom part upward until here, okay.*

Participant E: *“When we discuss traditional child immunisation, we refer to the process of immunising a newborn, typically after four weeks, to prevent her from leaving the hut until the immunisation is complete.” The mother will consult with a traditional doctor, or the family will request that a traditional healer visit them. When we arrive at the traditional location, the traditional doctor will greet us, and then he or she will begin his or her work by removing all the baby's clothing. That child begins by making incisions on the feet, hand on the palm, elbows, and shoulders; they also make incisions on the head; they make cuts on the side of the head and the fontanelle; and one on the chest. When they finish making the incisions, they smear the medicine over all of them, and then they steam the child. They steam the child, including the baboon's faces, with the medicine. They then place the baboon's faces on a broken part of a clay pot, which they have crushed, and place the pot over a fire, steaming the infant's entire body. They also steam the child from the front, including the face. The child then inhaled the smoke. They continue to treat the child until they are satisfied. They also provide us with medicine to use when preparing Tshiunza at home. Before they prepared their medicine for Tshiunza, they gave us drugs that they claim will prevent the child from having diarrhoea; if she or he does have diarrhoea, we will use traditional medicine. If the child has diarrhoea, we put this medicine in a bottle and give it to the baby to drink. They also give the child medicine to prevent diarrhoea. They also give the child medication to help with an upset stomach. The child needs to have this medication prepared. Once they finish, the mother will prepare the Tshiunza medicine by mixing water and maize flour in a small clay pot. They will use this medication to prepare tshiunza. The tshiunza medicine incorporates the sweet roots of muvhula vhusiku and a mixture of Mutswiriri. Some people also include seto, as we do. We find seto in the Niani area; they place seto teeth, seto also produces something that resembles two teeth, and places it in tshiunza; they place seto so that the child does not take long to emerge”.*

Participant F: *“Traditional child immunisation is the process of immunising a child traditionally. The grandmothers, who I would characterize as traditional doctors, would collect the child, and administer the immunisation. The grandmothers treat a child according to Venda tradition. They made incisions in all joints of the body, and once they were finished, they mixed their medicine and smeared it on the child's cuts. It also aids a child's fontanelle, as even a child's fontanelle requires medication from a traditional doctor to cease or close”.*

Participant G: *“We are talking about the child who is going to be immunised after the umbilical cord dries and falls by calling a traditional healer or taking the child to the traditional healer, then the traditional healer will undress the child all clothes, making the cut on the child joints from both legs and apply medications she had brought with, and also making the child lick some medications and take a mud pot to burn other medicines to steam the child, mixing it with baboon poo with the reason behind it to avoid the child being affected by Misho. Misho occurs when a stroke attacks the child, causing their eyes to move. The traditional healer advises the mother not to cry during this event, as it could cripple the child. Once the traditional healer completes the immunisation, she will administer certain medications to both the back of the child's head and the child itself. This is only done following an instruction given depending on which day you should apply it as this should not be applied daily. They also provide additional medications known as Tshiunza, which are believed to cure stomach ailments. Those medications are said to be roots found in a bunch. They use roots like Muvhula vhusiku, Mutswiriri, Mukwalikwali, Muembe, and Seto, this Seto is used for quickly developing a child's tooth”.*

Participant H *“In short, eer, child immunisation is something I have heard about and seen in my family. My grandmother's mother, Nyatshivhenga Lowani Nemavhola, was a traditional healer who, like her sister, immunised children. However, my mother has never held any belief in traditional healers. She declined, saying she did not like them. I lived with my grandmother for a long time. I have seen her perform these child immunisation rituals, and I am familiar with the tree that was used as a medicine for immunising children. I can even go and get those trees. I also know what they do. She even asked me when I was a grown girl because she died when I had my second child, to continue her responsibility of immunising children. I declined”.*

Participant I *“Child immunisation, In the old days, we were told that child immunisation was when the child was barred from going to play with those children who were immunised, whereas she/he had not been immunised because he or she would not live well because those who were immunised would surpass her/him and cause him/her not to grow well as they would be surpassing him/her”.*

Participant J *“Muthu wa vhana neh, what happens when there is a newborn?” The family can request the traditional doctor to come and immunise the newborn. So, the family doctors, will come with her medicine, and she will make incisions on all the joints of the body and smear*

the medicines in every incision, and they will steam a child with medicines mixed with baboons' faeces to avoid diseases called Lathavha. When the traditional doctors finish immunising the child, the grandmothers will give the child a name, and she will be allowed to go outside the hut because before the child is immunised, they are not allowed to go outside the hut. The traditional doctors will give the mother some roots to use when she prepares Tshiunza for a kid”.

Participant K: *“From what I understand, child immunisation is a tradition of the Vhavenda people, i.e., on newly born children. According to Vhavenda, it is a method of preparing the child to deal with all the problems that exist in the world. The mother carries the child inside the womb. The ritual takes place once the umbilical cord has fallen. The family will summon the family traditional healer, who is responsible for immunising the children. The traditional healer will make incisions on the fontanelle on the child's head and on the joints. During the immunisation process, the traditional healer administers a medicine like tshiunza to guarantee the child's stomach remains healthy and free from any issues. I can answer the first question in this way”.*

Participant L: *“We are discussing a young infant; following the removal of the umbilical cord, the mother may summon a traditional healer to provide care, and the child will receive treatment intermittently.” Once the traditional practitioner completes the child's treatment, they will deposit medicine in a small clay pot for the preparation of soft porridge. They mix this medicine with the child's soft porridge and then feed it to him or her. Traditional child immunisation prevents the child from contracting diseases that could cause discomfort when they interact with others or carry them. In other words, they are doing it to protect the child.”*

Based on the responses above, the findings revealed that most of the participants understood *Muthuso wa vhana*. Despite the presence of three distinct groups of African traditional healers, church members, and pastors, they all comprehended the researcher's term. In other words, the participant noted that *Muthuso wa vhana* is a process in which a child is born, taken, or the family members will call the traditional healer to come and immunise the child by putting an incision in the body of the child and putting some medicines to prevent the child from developing diseases. Mahwasane (2012:8) corroborated the following responses, stating that *Muthuso wa vhana* is a ritual performed by the traditional healer to prepare the newly born child for a healthy life on earth and to protect them from evil spirits and diseases such as ngoma and *lathavha*. According to the Vhavenda tribe, *Muthuso wa vhana* is a ritual done by the traditional doctor to prepare the newly born child to live a healthy life on earth and to be protected against evil spirits and the risk of being

affected by diseases such as ngoma and (*lathavha*) it is normally called *Muthuso wa vhana*. The researcher, however, conducted additional probing.

Sub-theme 1.1: Understanding of the kinds of *Muthuso wa vhana*.

The following were sub-themes created through probing: **Taboo, Tshiunza, Incision/Sacrificial Immunisation and Giving a name**

Category 1: Taboo

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question as follows: “*Do you have any idea of the kinds of Muthuso wa vhana you know?*”

In that regard, this is how they responded as follows:

Participant E: “*When we talk about traditional child immunisation, we mean when a new baby is born, perhaps after four weeks, and she needs to be immunised before she can leave the hut because the baby should stay inside the hut until the child is immunised.*”

Participant E: “*When the traditional doctors finish immunising the child, the grandmothers will give the child a name and she will be allowed to go outside the hut because before the child is immunised, they are not allowed to go outside the hut. The traditional doctors will give the mother some roots to use when she prepares Tshiunza for a kid*”.

Category 2: Tshiunza

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question as follows: “*Do you have any idea of the kinds of Muthuso wa vhana you know?*”. So, the participants denoted the following theme:

In that regard, they responded as follows:

Participant E: “*They continue to care for the child until the treatment is complete. They also provide us with medicine to use when preparing Tshiunza at home. Before they prepared their medicine for Tshiunza, they gave us drugs that they claim will prevent the child from having diarrhoea; if she or he does have diarrhoea, we will use traditional medicine. If the child has diarrhoea, we put this medicine in a bottle and give it to the baby to drink. They also give the child medicine to prevent diarrhoea. They also give the child medication to help with an upset stomach. The child needs to have this medication prepared. Once they finish, the mother will*”

prepare the Tshiunza medicine by mixing water and maize flour in a small clay pot. They will use this medication to prepare tshiunza. The tshiunza medicine incorporates the sweet roots of Muvhula vhusiku and a mixture of Mutswiriri. Some people also include seto, as we do. We find seto in the Niani area; they place seto teeth, seto also produces something that resembles two teeth, and places it in tshiunza; they place seto so that the child does not take long to emerge”.

Participant G: *“This is only done following an instruction given depending on which day you should apply it as this should not be applied daily. They also provided additional medications known as Tshiunza, which they claimed would cure the stomach. These medications are believed to contain a variety of roots. They use roots like Muvhula vhusiku, Mutswiriri, Mukwalikwali, Muembe, and Seto; this Seto is used for quickly developing a child's tooth”.*

Participant J: *“The traditional doctors will give the mother some roots to use when she prepares Tshiunza for a kid”.*

Participant K: *“When immunising a child in this manner, they administer a medicine that they use when preparing tshiunza to ensure that the child's stomach is in good working order and there are no problems. So, in summary, I can answer the first question in this way”.*

Category 3: Incision/Sacrificial Immunisation

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question: *“Do you have any idea of the kinds of Muthuso wa vhana you know?”* So, the participant denoted the following theme as following:

Participant B: *“They are saying that a child is cut and smeared with traditional medicine/herb, so it is started, so as a child is being smeared with medicine, the hairs that a child is born with are removed. After the hairs are removed, the medicines are prepared, and a child is covered with a blanket to inhale the prepared medicine, a child starts to inhale or breathe in the medicines, and the child is welcomed to a second world, because their child is alone in a mother's womb, now a child is in a world where there is everyone who lives in it, a child is inhaling a medicine made which is burnt to ashes, an incision is made on a head, on the shoulders and the medicines are smeared.*

Participant E: *“When we arrive at the traditional location, the traditional doctor will greet us, and then he or she will begin his or her work by removing all the baby's clothing. He begins by making incisions on the feet, hand on the palm, elbows, and shoulders; they also make incisions on the head; they make cuts on the side of the head and the fontanelle; and one on*

the chest. Once they have finished making the incisions, they smear the medicine over them all, and then steam the child”.

Participant F: *“Traditional child immunisation is the process of immunising a child traditionally. The grandmothers, whom I would describe as traditional doctors, would collect the child, and administer the immunisation. According to Venda tradition, the grandmothers treat a child. After making incisions in all body joints, the grandmothers mixed their medicine and applied it to the child's wounds. It also aids a child's fontanelle, as even a child's mouth requires medication from a traditional doctor to cease or close”.*

Participant J *“Muthu wa vhana neh, what happens when there is a newborn? In the family, mmm and in the family there comes the traditional doctor to immunise the child. So, the family doctors, will come with her medicine, and she will make incisions on all the joints of the body and smear the medicines in every incision, and they will steam a child with medicines mixed with baboons’ faeces to avoid diseases called Lathavha”.*

Participant K: *“According to Vhavenda, it is a method of preparing the child to deal with all the problems that exist in the world. The mother carried the child inside the womb. The family performs this ritual after the umbilical cord has dropped. Eee, the family will summon the family traditional healer, who is responsible for immunising the children, so the traditional healer will make incisions on the fontanelle on the child's head as well as on the joints”.*

Category 4: Giving a name

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question as follows: *“Do you have any idea of the kinds of Muthuso wa vhana you know?”*. So, the participant denoted the following theme:

In that regard, they responded as follows:

Participant J: *“So, the family doctors, will come with her medicine, and she will make incisions on all the joints of the body and smear the medicines in every incision, and they will steam a child with medicines mixed with baboons’ faeces to avoid diseases called Lathavha. When the traditional doctors’ finishes immunising the child, the grandmothers will give the child a name and she will be allowed to go outside the hut because before the child is immunised, they are not allowed to go outside the hut”.*

Based on the study findings, the responses revealed that there are approximately four kinds of Muthuso wa vhana: taboo (a child is not allowed to go outside the hut), tshiunza (*focuses on providing children with a balanced and nutrient-rich diet to enhance their immune response*

Mahwasane, 2020:16), incision (a cut where they put medication), and giving a name. Despite the participants' identification of these types of *Muthuso wa vhana*, most of the participants mentioned the issue of incision that happened when the African traditional healers made some cuttings and put some medicines on the child to protect them from diseases.

However, the minority brought up the topic of Tshiunza, asserting that it is considered a *Muthuso wa vhana* practice during child immunisation, as it aids in safeguarding a child from harmful elements or illnesses. Sibadela (2023:45) confirms that the practice of *Muthuso wa vhana* entails the administration of African "medicine by an African healer to a new-born to protect against the malevolent magical effects that evil people might do upon the child." According to Mahwasane (2020:27), the traditional doctor makes incisions on a baby's joints to strengthen them when walking. To concur, Mahwasane (2020:16) denoted that newborn children are immunised (putting cuts on the skin and applying African medicines) so that they are not attacked by bad spirits and that illness does not constantly affect the child. Van Beek (2002) argues that the social and cultural norms of a particular society influence the phenomenon of childbirth, which is not solely a biological occurrence.

However, few of the participants denoted the issue of a taboo as one of the types or kinds of *Muthuso wa vhana*. Participants highlighted the problem of preventing a child or infant from leaving the house before receiving immunisations. To support this, the Vhavenda believe that the child will not be affected by diseases, such as *misho*. The individual applies a small amount of powdered medicine from burned foot and hand nails to each incision. The Vhavenda people believe that if the African doctor has treated the child, he or she is safe to go out of the hut (Van Warmelo, 1989:380). To stress further on the issue of taboos, as noted by Chakona and Shackleton (2019:9), before a child is immunised, an infant is not supposed to go outside the hut before anything is done, as it has its consequences. Even today, many infants are not allowed to go outside for a certain time or meet people.

Also, the other participants mentioned the issue of giving a name as of the kind of *Muthuso wa vhana* in which, after everything is done a child is given a name. Participants denoted that a child is not supposed to be named before the ritual has taken place, so after it is done, a child is given a name. To support this, Mahwasane and Tshifaro (2019:175), stated that the naming of a newborn baby is extremely important in all cultures, including the Vhavenda. The name often reflects the

circumstances surrounding the birth or the traits the parents hope the child will embody. According to Mahwasane and Tshifaro (2019:175), the Tshivenda naming practice is crucial in shaping an individual's identity. Children in African cultures are named after their ancestors or those who are still alive. According to Turner (2017:76), the term “long” lies at the heart of “belonging”. Belonging to anything means sticking with it for the long haul. We make an intentional choice to value a relationship, a place, our son, or our life. A person in Tshivenda culture receives different names from childhood to adulthood, depending on the number of life stages they have experienced. For instance, the initiation school assigns a name to a woman during her marriage period. The initiation school also assigns a boy's name. As a Venda-speaking man, I understand that not attending the initiating school equates to being considered a child. This idea is emphasised by Mandende (2009), who indicated that in traditional Venda, not attending initiation school equates to being considered a child.

Sub-theme 1.2: Purpose of Muthuso wa vhana

As much as the participants managed to mention several types of *Muthuso wa vhana*, the researcher realised that there was a need to do a follow-up about why they practice *Muthuso wa vhana*.

Category 1: Prevention from Diseases

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question: “*What do you think is the significance of the practice of Muthuso wa vhana?*”

So, the participants denoted the following theme:

Participant A: *“We practice child immunisation to combat earthly diseases, provide immunity against them, and protect the child from various situations. There are some different diseases that specifically affect children, in another way, when the child is being immunised, we are immunising the impacts of diseases that the child can come across when growing up that is why we said the child is going to be immunised because he/she must get help to grow well. Aa”.*

Participant D: *“Davhi is a kind of disease in which if the child is affected by it, he or she will fall and faint, eyes moving, and if the mother cries when the child awakes it becomes crippled, they steamed the baboon faeces and burned that bone of a monkey, cut on the head of a child, and smeared where they made a cut on the head, and that skin, or whether it is for phopfu*

(waterbuck), they will also burn it and smear all over where they have cut from the bottom and up the body, to smear the body from the bottom part upward, okay.

Participant L: *“They mix this medicine with the child's soft porridge and then feed it to him or her. Traditional child immunisation prevents the child from contracting diseases that could irritate them when they interact with others or carry them. In other words, they are doing it to protect the child”.*

Looking at the findings above, the responses revealed that *Muthuso wa vhana*, as noted by the above participants, protects people, especially children or infants, from diseases. According to the Vhavenda tribe, *Muthuso wa vhana* is a ritual done by the traditional doctor to prepare the newly born child to live a healthy life on earth and to be protected against evil spirits and the risk of being affected by diseases such as ngoma and lathavha. It is normally called *Muthuso wa vhana*. The rationale is to safeguard the child, ensuring they encounter no issues during playtime or when they interact with other children who have undergone the *Muthuso wa vhana* ritual. Sibadela (2023:45) postulates that practice of *Muthuso wa vhana* involves an African healer administering African medicine to a newborn to protect against the malevolent magical effects that evil people might inflict upon the child.

Sub-Category 1.1: Knowledge of the Kinds of Diseases

The following were sub-themes created through probing: **Lathavha, /Davhi, Tshifumbu, Misho, and Gokhonya**

Sub-Category 1.1.1: Lathavha/Davhi

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question: *“Do you have any idea of the types of diseases that Muthuso wa vhana protects?”*

In that regard, this is how they responded:

Participant D: *“... child if immunised will still be sick from diseases like polio, tshifumbu, and misho because all these transmitted diseases will affect the child because it's our own culture. More so, the pressure is only the fear of that thing of Davhi, Okay, because if crippled, there is nothing you can help her/him with, all on the side of the body will look like it is dead, yes, mmm, but being caused by Davhi, it just screams once and falls and moves eyes like it is dead,*

and if the mother sheds a drop of tear, when the baby is awake, the side of the body will be dead but if she does not cry, the child will be normal again.

Participant C: *“ . This is one of Lathavha, which is a problem; others will even throw a child onto the roof of a hut. Yes. If they do not do so, the child will not survive and may die”.*

Participant E: *“In Tshivenda, we say that the child was attacked by Lathavha, hohohoo, when you see the child being immunised, we are protecting the child against disease. There are many different diseases, like what I told you about lathavha, it is something that happens if the child has not been steamed for lathavha, baboon's faeces, and the child has dignity when she or he is playing with other children, she or he will be respected, and she or he will not be beaten”.*

Participant F: *“The benefits of traditional child immunisation in a Venda way include protecting the child from various diseases and providing a child with dignity because even if the child is not immunised, the child has never been immunised. It also helps a child fight the disease known as Davhi, preventing it from attacking the child. That is, it”.*

Participant H: *“And the child would be placed in the smoke because they believe he or she will not have "Davhi". I will tell you what Davhi is. They also take care to prevent smoke from covering a child's face. After that, they declare that he or she has been immunised”.*

Sub-Category 1.1.2: Tshifumbu

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question: *“Do you have any idea of the types of diseases that Muthuso wa vhana protects?”*

In that regard, this is how they responded:

Participant D: *“...child if it is immunised it will still also be sick with a disease like... tshifumbu...”*

Sub-Category 1.1.3: Misho

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question: *“Do you have any idea of the types of diseases that Muthuso wa vhana protects?”*

In that regard, this is how they responded:

Participant A: *“A lot of epilepsy today is caused by not practising child immunisation because they are affected by Misho. When the child is affected by Misho the child falls all the time, day, and night and when growing up they will say the child had a sickness of epilepsy and is unable to cure it because they would be curing epilepsy which was initially caused by Misho”.*

Participant G: *“This disease, nowadays, performing child immunisation is not in demand like before because at the clinics nowadays there is an availability of immunisation from zero month to five years to immunise the child to prevent diseases like meningitis and so forth, this meningitis the child seemed to be attacked by stroke and we see the child moving eyes whereby the doctor takes and hold the child up and throw him or her on the bed just to examine the child's reflexes and from there we just referred this disease with Misho and also immunised all that kind of disease because no children of these days will be said to be having running stomach which we will say the child is dehydrated. We no longer experience that these days because children are being immunised and a disease called okay. Thank you very much”.*

Participant K: *“According to me, there are four important reasons why the Vhavenda should perform this ritual. First, to prevent diseases, you may recall that there was a type of disease known as misho, in which they used even baboon faeces. It is done to prevent diseases that cause too much trouble, and they do not want the baby to be infected with these diseases”.*

Sub-Category 1.1.4: Gokhonya

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question: *“Do you have any idea of the types of diseases that Muthuso wa vhana protects?”*

In that regard, this is how they responded:

Participant C: *“It protects the child from diseases; the child will not be affected by many diseases that would require you to travel to and from the surgery. Yes. For example, Gokhonya”.*

Participant I *“I will for a little bit come out of the topic, some people, there is a certain guy who was the son of my big sister having a child and he was a Christian and his wife was having Gokhonya and the child passed away and at the end allowed his wife to be searched Gokhonya because she was complaining a lot and says she cannot bear other*

children who are going to die but that person was forced to allow her to perform it but he was not from reformed church”.

The researcher inquired about the types of diseases that *Muthuso wa vhana* provides protection against. The findings of the study revealed that there are approximately four types of diseases that the practice of *Muthuso wa vhana* protects, as follows, lathavha/Davhi: tshifumbu, misho and *gokhonya*. Despite the participants mentioning these diseases, the majority indicated that *Muthuso wa vhana* primarily provides protection against lathavha and *davhi* and this is one of the diseases that affects mostly infants or children who are not immunised through *Muthuso wa vhana*. To corroborate, according to the Vhavenda tribe, *Muthuso wa vhana* is a ritual done by the traditional doctor to prepare the newly born child to live a healthy life on earth and to be protected against evil spirits and the risk of being affected by diseases such as *ngoma and (lathavha)*. It is normally called *Muthuso wa vhana*. The rationale is to safeguard the child, ensuring they encounter no issues during play or interactions with other children who have undergone the *Muthuso wa vhana* ritual.

Moreover, a few participants brought up the topic of misho, asserting that immunisation shields children and infants from these diseases. To support this, Sibadela (2023:45) stated that an African doctor would cut the foot and hand nails, remove the hair on the forehead, and burn them. Then he or she will make small incisions on all joints of the child’s body. He/she will take a maize kernel and roll it over every incision. Van Warmelo, (1989:380) stressed that even the maize kernel will be taken to the mountain and thrown there after the doctor finishes his or her work. A wild animal, such as a baboon, will eat that maize kernel. The Vhavenda believe that the child will not be affected by diseases, such as misho. The individual applies a small amount of powdered medicine from burned foot and hand nails to each incision. The Vhavenda people believe that if the African doctor has treated the child, he or she is safe to go out of the hut (Van Warmelo, 1989:380).

More so, some participants mentioned the issue of *gokhonya* as one of the diseases that *Muthuso wa vhana* protects a child from. Sibadela (2023:45) supports this by stating that the practice of *Muthuso wa vhana* entails a traditional healer administering traditional medicine to a newborn to safeguard against potential malevolent magical effects from evil individuals and it protects a child from another disease called *gokhonya*.

However, one of the participants begged to differ from others, saying *Muthuso wa vhana* helps protect a child from one of the deadliest diseases, called tshifumbu. To support this, Sibadela

(2023:45) denoted that the practice of *Muthuso wa vhana* involves administering traditional medicine by a traditional healer to a new-born to provide protection against the malevolent magical effects that might be done upon the child by an evil person and to protect a child from another disease called *gokhonya* and *tshifumbu*.

Sub-Category 1.2: Protect the child from Witchcraft

The researcher realised that the participants were saying something that needed to be followed up. So, the researcher probed the participants with the following question: *“What do you think is the significance of the practice of Muthuso wa vhana?”*

In that regard, the participants denoted the following:

Participant C: *“It also protects the child from evil people who want to harm the child; even if the child is sleeping, they may come and get in if the house is not properly secured. And what they want to do, is go, because they will put you to sleep as a parent, you see. Even gokhonya, if the mother is scratching herself without informing the mother-in-law that she is scratching herself, the child will die if the child is born”.*

Participant E: *“When you immunise your child, you are also protecting him or her from evil people. And that once a child has been immunised, he or she will have weight”.*

Participant H: *“If I believe that my child will die, he or she will die; however, because I stated that my child would not die, I do not have a child who has died even today. And then the children who are not immunised do not get sick. I have never admitted a child to the hospital due to their illness; they remain healthy today, and nothing can harm them. Even the evil people, I am not sure they came and failed, because what I have learned is that I accept the church's position. After all, it benefits us. After all, how can you tell when the evil people we fear find the location of an incision? You will not. I, the one speaking, was immunised”.*

Participant J: *“We grew up knowing as Christians that we call it evil spirits, which are caused by Satan and in tradition they will be talking about witchcraft because sometimes there is something bad coming to harm the child, if the child is immunised it will be protected and can also be able to touch the snake and do not get bitten. I am just giving an example that is why even Christians are forced to practice Vhavenda child immunisation if they are not preached to sufficiently”.*

Participant K: *“It is to protect against evil people, which we define as witches”.*

Participant L: “Aside from disease protection, this traditional healer believes that by immunising the child, they are protecting the child from evil people who, according to them, practice witchcraft and may be unable to harm the child”.

Based on the findings above, most of the participants concluded that the *Muthuso wa vhana* does not only protect a child from diseases but helps also to protect a child from witchcraft. From what the participants are saying there are many instances in which children are affected at their infant stage, so the *Muthuso wa vhana* also helps in protecting against evil people. Although not everyone mentions the issue, some mention diseases, and some mention witchcraft. To support the following, according to the Vhavenda tribe, *Muthuso wa vhana* is a ritual done by the traditional doctor to prepare the newly born child to live a healthy life on earth and to be protected against evil spirit and the risk of being affected by diseases such as ngoma and lathavha. It is normally called *Muthuso wa vhana*. The rationale is to safeguard the child, ensuring they encounter no issues during playtime or when they interact with other children who have undergone the *Muthuso wa vhana* ritual. Sibadela (2023: 45) postulated that the practice of *Muthuso wa vhana* entails an African healer administering African medicine to a newborn to safeguard against potential malevolent magical effects from an evil person. In addition, the job description of these African traditional healers or herbalists in their surroundings is complex; for example, they cure diseases with supernatural abnormalities or evil spirits, and they diagnose and cure a wide spectrum of medical and mental illnesses (Semenya, and Potgieter, 2014:10).

4.4. How is *Muthuso wa vhana* against Reformed belief and teachings, or is it part of every culture?

In this section, the researcher wanted to find out whether *Muthuso wa vhana* is against Reformed belief and teachings or is it part of every culture. So, several questions were created or formulated as to answer the above question.

Theme 2: Position of the Church on *Muthuso wa vhana*

The study focuses on the reformed church perspective on “*Muthuso wa vhana*” (Vhavenda traditional immunisation practice): A case study of the Soutpansberg synod of the reformed churches in South Africa. Therefore, the researcher probed several questions to understand where the church is standing regarding the issue.

Sub-theme 2.1: Church Doctrine versus Muthuso wa vhana

The following were sub-themes created through probing: **Yes, it is not against the church Doctrine and No, it is against the church Doctrine**

Category 1: Yes, it is not against the church Doctrine

In this section, the researcher wanted to learn about the church's position on the African cultural practice known as Muthuso wa vhana. In that regard, the researcher asked the following question to the participants: *“Do you think the practice of Muthuso wa vhana is against the doctrine of the church, if yes/No Explain Your Answer?”*

This is how the participants responded:

Participant A: *“Mmm, I will specifically say, I am heartbroken by what I see happening in the world because it is this church which is criticising and opposing traditional child immunisation and also explaining the way how they viewed those things and forgetting the child is not born for the church but born in a certain family”.*

Participant B: *“Ee, what a church does not allow is that do not allow headaches all day from in the morning until the evening. If you have pain, and you know that if you mix a certain tree and drink it will heal the pain, drink it. The trees are created by God.”*

Participant C: *“The church is struggling, so they are heading there in the evening to seek help. Mmm, but then, in the ZCC, they tell you to go back and perform African rituals; yes, these are the ZCC. This one is good because they'll tell you to go back when you want to get baptised”.*

Category 2: No, it is against the church doctrine.

In this section, the researcher wanted to learn about the church's position on the African cultural practice known as Muthuso wa vhana. In that regard, the researcher asked the following question to the participants: *“Do you think the practice of Muthuso wa vhana is against the doctrine of the church, if yes/No Explain Your Answer.”*

This is how the participants responded:

Participant D: *“No, in our church they don't allow child immunisation, or that the child should be scratched, no pastor allows it.*

Participant E: *“The church does not support traditional child immunisation. The child should not be immunised traditionally; the church opposes traditional child immunisation because the person immunising the child is a traditional doctor, and traditional doctors are associated with those who died”.*

Participant F: *“The church does not encourage a mother to immunise the child, because the child is immunised by the traditional doctors. And the traditional doctors are connected to those who passed away. So, the church does not accept what they do. What is being done, is that when a child is being immunised, they use medicine, which the church does not accept. The church's opposition to traditional child immunisation stems from the presence of a traditional doctor, whose practices contradict Christianity”.*

Participant G: *“Can I talk? Yes. The church does not allow traditional child immunisation because the church says when the child is born on earth she or he becomes fully formed. It is fine. Yes, because they differ from those performing child immunisation with a traditional healer and the traditional healer performs it using the ancestors, whereas on the other side, the church uses God, who is a living God, not ancestors.*

Participant H: *“Mmm, my church doesn't allow Muthuso wa vhana (traditional child immunisation). Therefore, that is why I also refused to immunise my children, the reason is that I have a Christian faith and believe that God will take care of them...”.*

Participant I: *“Argh, where, in our church, they don't understand or agree with it, our church doesn't understand those things; that's why even we have abandoned it.*

Participant J: *“In short, the Reformed Church its point of view regarding Vhavenda traditional child immunisation it does not support the Vhavenda traditional child immunisation in its way of understanding, this is the how the reformed church believe, and this is why its regarded like that, the news is that the Reformed church is not the church belonging to the black African, and this is the church which was brought to Africans by Western pastors which prompted us to conclude that those who brought this teachings was influenced by their beliefs and their culture and also be able to explain it in an understanding point of view as child immunisation related little bit like to give a good health to the child, and protection, then so, as Reformed Church they believed when talking about child immunisation giving life and protection, then they believed that there is God who is the owner of life which means when it comes to that point, it concludes that even black African who are born again within*

the beliefs of Reformed Church also understand that if God is there, what it means is that because we are all the creatures of God his mercy is upon us and our mercy is upon him to my understanding”.

Participant K: *“The Reformed Church, of which I am a Reverend, does not accept traditional child immunisation, because immunising a child is something that is connected to a religion or to worship idols. When we talk about worshipping idols, we need to explain it well because, in one of the books that we use to teach members of the church, there is a question that says, which the answer to this question is that an idol refers to anything that a human being loves more than God. So, I would like to emphasise that we are also talking about worshipping the dead. Throwing the bones, one, to do something means trusting them. Therefore, the church holds this position based on God's word.*

Participant L: *"First and foremost, the Reformed Church is opposed to traditional healers; these bones are where people communicate to those who have passed away, such as grandparents, that they should protect their children. The church is also opposed to this, focusing on what the Bible teaches, that a person was created by God. If you read the book of Genesis, you will notice that it says, God created a human being in his image. When you read Psalm 119:73, it says, "Your hands created and arranged me." This means that God created a man who is complete. This is what you see when you look at animals: they are born and continue to live without any assistance. Then we deny that there is anything we should do because God has protected this person and requires him or her to be a complete being. This is what we believe”.*

Checking on the responses, based on how the researcher asked the question, the researcher realised that it is not everyone that agrees with the church practice. Since then, the researcher has interviewed African traditional healers, church members, and pastors. It is evident that only African traditional healers see the positive aspects of the church's integration of Muthuso wa vhana. However, as per biblical scriptures, one can see that church members and pastors are saying the practice is not allowed. So, going back to our responses, most of the participants indicated that the practices of *Muthuso wa vhana* are not allowed or the church does not permit people, although there are some reasons why some still go there. To support what the church members and pastors believed in, Nwosu, (2021:19) stressed that Christians contend that trust in Jesus Christ alone is the sole path towards righteousness, as well as that any attempt to include customs in the Christian religion may be interpreted as tainting it. As a component of their overall task, these religious organisations could give priority to converting people from African cultural rituals (Henry, and Malan, 2017).

However, some participants argue that there is nothing wrong with the practice of African immunisation. Ntombana (2015:15) supports this, stating that certain local churches and Christian denominations are more accepting of African customs. They could be prepared to modify customs to conform to Christian beliefs or include certain components into Christian rites as a way of acknowledging the socioeconomic and historical value of these activities. Strategies are often more prevalent in areas where Christians have interacted with African peoples in a more adaptable manner. The merging of components from several religious systems, or syncretism, may be a divisive topic. Certain African groups have effectively combined elements of their customary beliefs with Christianity, resulting in a distinctive blend of spirituality (Ntombana 2015:15).

Sub-theme 2.2: Scriptural Reference for Muthuso wa vhana

As much as there is still a debate about whether to integrate African immunisation into the Christian world or not, the researcher decided to ask the following question to understand if there is any scripture reference that links with *Muthuso wa vhana*. The question was as follows: *Are there scriptural references or linkages that support or concur or corroborate with the practice of Muthuso wa vhana?*

In that regard, the following is how the participants responded:

Participant A: *“I am going only to say, the first thing I would say God would remain as God, on the principles and bible, I would say, I have never seen other people in the word of God or the bible leaving other people's religion or culture, so I am unable to prevent people to practice child immunisation. If a person talked about staying away from child immunisation and I complied with that because my culture says a child must be immunised, I do not disagree with my religion and fight with my culture because the truth is, God, will always be God above all cultures, because I am not going to practice culture or other people's culture as this is what God wanted if I do that I will be praising evil god's. Things that I can say here talking about myself as a Christian or as a person knowing God, I am praising God in his capacity as God which does not change me to be Venda towards the practice of my culture. If we can look in the bible, we are talking about Jesus Christ who was born in different groups that were gathered. We do not know if they were just counted or practising ancestral ceremonies then Jesus was born and immunised according to their own culture or given all medications according to their culture and religion, Jesus did not live all his Christian life forgetting where he belongs that is why when he was crucified on the cross, they went and uncrucified him and buried him according to his culture. That made me to respect my culture and religion because*

there is nowhere that I can run to and feel at home as a human being because God would remain as God, Aa”.

Participant B: *“Okay, A person is here, and she is a person from the churches that do not support child immunisation traditionally. Do not do what? When she is coming to me, she is coming and says she is bringing a child. I do not have a question because she knows fighting for her child. We can talk until late (evening) here, in the bible after Jesus Christ’s birth, those wise men (Magi) were led by a star to where Jesus was born, you can disagree with me if it is not correct. Why did those wise men go there with medicine? What was the medicine for? He is a child, and he is not allowed to eat any medicine, Doctors do not agree that a child to eat any medicine immediately after birth. What is the medicine for? We are not disagreeing that those medicines existed, but what is the medicine for? Because they do not allow infants to eat anything at all. A child knows only to suck milk from her mother’s breast. It means that when a Christian is coming to me, I think that she is coming to do the same as it was conducted to Jesus Christ. I am no longer asking any question; I only ask her to carry a child or my grandchild so that I can be able to do what I know shall be done. I did it completely and said I was done with my work. If there is anything afterwards you are allowed to come back. Since then, I never heard anyone coming back and say the work is not done perfectly/correctly. People always tell me that everything went well to show that there is no problem with a traditional child immunisation process. A child should be traditionally immunised”.*

Participant C: *“I do not know anything about the bible”.*

Participant D: *“I have never heard it that child immunisation should be practised or how this should be done to children, never heard it, okay.*

Participant E: *“Yes, as I have indicated last time, eeeey, I indicated that the church is against the traditional child immunisation because the people who immunise the children are traditional healers, and traditional healers are the people who communicate with the dead. I can support that with a biblical chapter, when we read **Leviticus 19:31** it shows us that it is against the traditional healers, and I do indicate that when the church, every Sunday when we are at church we speak the laws, and in all these laws there are a law which says I shall not see you worship the idols. Idols is referring to things like this one of these traditional healers. Because they are working with those who have passed on.*

Participant F: *“Yes, it is true; we discussed it. As I previously stated, the bible does not support traditional child immunisation because the traditional method relies on traditional healers. It is prohibited for a traditional healer to communicate with the deceased, Christianity does not allow it. When we attend church, I should stay away from traditional healers; now, if I am not mistaken, we find verses that warn us not to associate with traditional healers. If I am not mistaken, there is a verse in **Deuteronomy 18:10** that condemns Christians for associating with traditional healers. This means that Christians and traditional healers cannot*

collaborate. I should not go to the traditional healer at all. This verse emphasises that as a Christian, I should not be associated with it.

Participant G: *“In our previous discussion, we stated that the church is opposed to traditional child immunisation because it is performed by traditional doctors who refer to deceased gods. Now, the bible does not agree with traditional child immunisation by traditional healers because **Leviticus 19** states that they use bones and call on the gods.*

Participant H *“Okay, I support my position in this manner with a scripture in the bible in the book of **2 Corinthians 5 vs 17-18** which says “the old has passed away, and new things have appeared. We are reconciled with God by believing in Christ Jesus; the old has passed away, and God has reconciled us with himself through Jesus”. Also, where you hear Paul say we have been made righteous by faith, that is **Romans 5**, which I still know. Eee. I believe that because of these things, it has helped me, that it is because of faith, whereas before, I was doing it because I was overconfident. Bigheadedness prompted me to tell people that believing is egotistical. Because **James 4:7** talks about how the Devil must be resisted. Because if I believe that my child will die, he or she will die; however, because I stated that my child would not die, I do not have a child who has died even today.”*

Participant I *“Arg, we have never found it in the bible as we are just being preached to, but we are only preached to that Jesus came/arrived and healed everything on earth which means we shall not follow other certain rules except to look at him as he is the only saviour and life because Jesus is the healer himself (**Hebrews 13vs8**).*

Participant J *“OH, yes, mmm, as a church, that which exaggerated the influence of black African people especially those who are born again is that it shows there are some parts in the bible that strengthen the power of God, protection by God and all living things including children’s life is from God and he is the one to protect it and these lives go back to him and if you listen to the word of God, God says I am the only one this means no one except God, can give lives and protection. This means such verse can be found influencing the teaching of that news”.*

Participant K: *“Yes, there is biblical scripture that supports the Reformed Church's position; you have asked where in the Bible the Reformed Church emphasises God's word. This leads us to say that only the Bible exists, or sola scriptura in Latin. So, we are taught in the Bible about God's laws or commandments. When you read the Ten Commandments, you will notice that there are two sections. The first section discusses our relationship with God, and He does not expect us to worship idols, as you can hear in **Exodus 20**, and it is also encouraged by what we read in **Psalms 46**, where we are taught not to be afraid because we know who God is, even though we are in this country. That we should not be afraid, regardless of the situation. We should put our trust in God. I can even emphasise **Psalms 139**, where we hear about God as a creator, who gives us children. He is the one who cares for his creation; in this psalm,*

God is with his people. Above all, part of our faith is based on what we confess: I believe in God, the Father Almighty, which means that nothing can happen unless God says yes. Everything is under God's control. He oversees everything, so we have been called to this faith. We are expected to adhere to it”

Participant L: *“The Reformed Church, first and foremost, is opposed to traditional healers; these bones are where people communicate to those who have died a long time ago, grandparents, that they should protect their children. The church is also opposed to this, focusing on what the Bible teaches, that God created the person. If you read the book of Genesis, you will notice that it says, God created a human being in his image. When you read **Psalm 119:73**, it says, "Your hands created and arranged me." This means that God created a man who is complete. This is what you see when you look at animals: they are born and continue to live without any assistance. Then we are denying that there is anything we should do because God has protected this person and requires him or her to be a complete person. This is what we believe.”*

Based on the question asked by the researcher which focuses on scriptural references or linkage that support or concur or corroborate with practice of *Muthuso wa vhana*, the findings of the study revealed that most of the participants which are pastors and some church members of the church denoted that there are scriptures which support the idea that *Muthuso wa vhana* is not allowed in the church. The majority mentioned the following scriptures Leviticus 19:31; Romans 5, James 4:7, Hebrews 13: 8; Exodus 20, Psalm 139, 2 Corinthians 5: 17-18 and Psalm 119:73. All these scriptures are against the practice of *Muthuso wa vhana*. However, although some did not have any idea of the scripture, traditional healers denoted that many Christians are still coming for the practice although it is against the church doctrine. More so, these traditional healers are the ones who practice such practices. Therefore, one can realise that one traditional healer denoted that even Jesus was immunised using medicines. So, it is not wrong.

In summation, as much as several scriptures support the idea that people or Christians should not get immunised, most of the Christians are getting there by night like Nicodemus. That is why the researcher ended up doing a follow-up to find the reason my Christians still allow their children to get immunised by African traditional healers.

4.5. Why do Reformed Church people adhere to perform Muthuso wa vhana while the church is objecting to this ritual?

Under this question, the researcher wanted to find out the reasons why Reformed people adhere to perform *Muthuso wa vhana* while the church is objecting to this ritual. So, there are several questions which were asked as to answer the above question.

Theme 3: Reasons For the Reformed Adherence to Perform Muthuso wa vhana

The following were sub-themes created through probing: **Religion and Culture; Facing Difficulties; Fear of Consequences; Pressure from Family; Fear of Death and Evil People**

Sub-theme 3.1: Religion and Culture

The researcher realised that the participants were saying something that needed to be followed up. More so, especially on the reasons for the reformed adherence to perform *Muthuso wa vhana*, so the researcher probed the participants the following question: *“What do you think is the motive behind the practice of Muthuso wa vhana amongst people?”*

In that regard, this is how they responded:

Participant A: *“They know the truth and impacts and risk if the child is not immunised because of their religion and culture as Africans which is the cause that make them practice it in secret. Aa”.*

Participant F: *“What causes the parents to go and perform traditional child immunisation, it is because they know that traditional child immunisation is part of their culture or maybe they focus on that they know that it is part of our Venda culture. Since when we were growing old mothers told us Venda culture works this way, a child must be immunised because there is a benefit connected to traditional child immunisation and if he or she is not immunised there is a consequence, which will hurt me as a parent to the child. That's what I know that helps. Another thing, it is because you may find that since I am married, the in-laws will tell the mother that all the children of this family should be immunised, no child must not be unimmunised. This means even I must follow that route. The other thing that can cause me to immunise my child is because I am afraid that if I do not immunise the child what am I going to say to the people when something bad happens to the child which is going to affect the well-being of a child. Then it means that I have a fear that if I end up not immunising a child if something happens tomorrow, it is also going to hurt me, and it will also hurt that child. That is, it.*

Sub-theme 3.2: Facing Difficulties

The researcher realised that the participants were saying something that needed to be followed up. Particularly, the researcher focused on understanding the motivations behind the renewed commitment to performing Muthuso wa vhana. So, the researcher probed the participants with the following question: “*What do you think is the motive behind the practice of Muthuso wa vhana amongst people?*”

In that regard, they made the following assertions:

Participant B: “*There are reasons, a mother can come here when a child can no longer be able to open her eyes, when I look at a child and I asked if a child was traditionally immunised. I am referring to a child who is already walking. Traditionally, many children who are not immunised encounter difficulties when they begin walking. A child will not be able to do anything and go back to the state of a newborn child. When I looked at that child, I asked if the child was immunised traditionally. The mother said the child was not traditionally immunised. If not immunised and you see the condition of a child go with him/her to a doctor. She informs me that she has visited all the doctors but found no assistance. I will first seek a mother's perspective on this matter, she will inform me that I am here to administer traditional immunisations to my child. When I finished immunising a child, I will not tell a mother that it is not a traditional child immunisation process only that is needed for a child. I will tell her that a child is lacking the ability to be traditionally immunised, a child is experiencing lathavha sickness, and a mother will seek clarity on a matter. I will explain in detail what lathavha sickness means. You can lose a child you are carrying at any time. You can see a child is closing their eyes, it is because of lathavha sickness. When you start to immunise a child traditionally, you start by ensuring a child is inhaling/breathing in baboon's face and then come there where he or she will be immunised. It means we will say let's start with the work of treating lathavha sickness away on a child. When we are done, we start a traditional process of child immunisation. When the process is fully completed, you will see when a mother goes, the child will be able to run. That is the reason when I see a Christian coming here, I know that there is a reason for coming. A mother does not want to lose her child. She wants her child to be alive/ to have life. A Christian mother understands that she is choosing to cling to the cross, but there are aspects of life that do not necessitate it. Only traditional healers are needed. If she completes a process, it is finished, nothing else”.*

Sub-theme 3.3: Fear (Consequences, Death, and Evil People)

The researcher realised that the participants were saying something that needed to be followed up. Particularly, the researcher focused on understanding the reasons behind their renewed adherence to the cultural practice of child immunisation. The researcher then probed the participants with the following question: *“What do you think is the motive behind the practice of Muthuso wa vhana amongst people?”*

In that regard, this is how they responded:

Participant C: *“They are leaving because they are facing consequences, and she turned to seek assistance. Yes. When a newborn child returns home from the hospital, the grandparents want to immunise him, but the parents refuse, and the mother does nothing. When the consequences arise, she goes back to her mother-in-law and informs her that things are not proceeding as planned, and this is the reason. It helps the child's abdominals. To administer those medications, you must wake up early in the morning, prepare food, and feed the child until they can sit, roll, and continue to eat soft porridge. Yes, if he or she can stand up, walk, and grow, we can get him to eat hard porridge. The process is then completed. It benefits his body and stomach; nothing will harm the child, including many diseases”.*

Participant D: *“The fear of what bad would happen when they experienced the same applies as to this one of Gokhonya, they only fear where they would run to if this happened to the child. Gokhonya is for the mother, then immunisation is for the child. No, if the child is sick having Gokhonya I am talking about the child who is a little bit grown and clever. If sick with Gokhonya, if called he/she will not look at you on your face. Then that particular child who is hanging his or her head and face down and unable to look his or her father and mother at their face but if they searched for that tree I am talking about and his mother and father eat it and drink, it would be over, and the child will stand up and you will see him or her play”.*

Participant E: *“They are apprehensive about potential harm to this child.” The individual is a Christian, yet she coexists with non-Christians. Consequently, her Christian faith may lead her to refuse her child's immunisation. Her motivation to administer the immunisation in secret stems from her apprehension about the child's well-being, which may lead to pressure from her parents or spouse. It is also part of our culture.”*

Participant I: *“A Christian is caused to do that by fear, she is afraid. Perhaps because she is a young Christian, but let's say these older people like her mother, elders, or others who are not in that church are the ones who are frightened and pressurise her and continue asking why she is just sitting with the child who is not yet immunised, and that one after realising that she*

will have fear and that one after thinking about it, she will perform child immunisation in secret because they will say we do not even know that the child cannot be immunised and the child will be something else. Let me talk about this a little bit if a husband and wife die that person ought to be cleaned with medicine and so many other things and now the Christians will not agree with those things that people will be performing on them. There are some of the consequences that will hurt her, and that Christian person will go and perform it in secret and get cleaned with those medications because they will say she will be napping while sitting down and when cooking and that person will end up agreeing to be cleaned with those medications. They clean her with medications.”

Participant H: *"As I mentioned at the beginning, sometimes it's out of fear, and other times it's because they want praise. Some are concerned that my child will die, while others are concerned that if I do it, and the pastor is unaware that I had immunised my child. This is why they immunise their children behind closed doors. I can explain that people are concerned about the child's life and survival. My aunt used to tell me that if you do not immunise the child, he or she will die, and there will be witches. But they still have not watched them. Fear of evil people”.*

Sub-theme 3.4: Pressure from Family

The researcher realised that the participants were saying something that needed to be followed up on. In particular, the researcher focused on the motivations behind the renewed commitment to performing Muthuso wa vhana. So, the researcher probed the participants with the following question: *“What do you think is the motive behind the practice of Muthuso wa vhana amongst people?”*

In that regard, they made the following assertions:

Participant J: *“There can be so many causes but what i can think is that, eer, if this is about reformed church, it will depend with where we are coming from and how far the person believes or on which basis he or she believes, and other thing is pressure that is exerted by the people you stay with, because sometimes you might find that she is a Christian with a baby and people staying with her and her parents are not Christians , which means that person will endure stress caused by uttered words and threats made but on the other side it is what I have said earlier that when a person is matured, that person starts to realise herself when growing and fighting to be known (differentiated) towards others, this is where a culture startmu to play a pivotal role and for myself as a black person in order to be seen as a black person I should also practice what other black people do and also depend on the believes that they have, that is little faith or big, I start practicing it hiding by fearing people not God.*

Participant K: *“There is pressure. Most of the time, the person who repented is one of many. We are Africans, and although we have extended family members who are Christians, such as aunts, sisters, and uncles, most of us have not repented. It creates pressures”.*

Participant L: *“... There are pressures, and these pressures may sometimes be available to the repented Christian. People threaten this person by saying that if we do not do this, the child will die, forgetting that death is from God and that when God created a human being, he created him or her and told him or her when those days would arrive. This means that the pressures are brought on by fear. These are the pressures she faces, prompting her to immunise the child. Husband and wife are sometimes welcome. As I previously mentioned, if the husband declines, the wife might carry out the act covertly; senior mothers will be aware of this.*

Participant G: *"Family pressure and our own culture both contribute to these immunisation practices."*

The researcher inquired about the motivation behind people's practice of Muthuso wa vhana. The participants' responses revealed that many Christians continue to visit or adhere to Muthuso wa vhana due to various factors such as religion and culture, facing difficulties, fear of consequences, pressure from family, fear of death, and encountering evil individuals. However, upon closer examination, most participants revealed that their primary motivation for attending these immunisations was fear, specifically the fear of potential consequences such as death. In other words, participants expressed that they continue to visit immunisation clinics because they fear their infant's death, despite their Christian faith and belief in God's ability to save them. In many countries, religious traditions often have a profound link with traditional healing and cultural practices (Ahmed, *et al.*, 2018:300). Johnson, (2016:16) denoted that whenever one departs from such African customs, it may be interpreted as a violation of ethical or religious orders, causing shame or anxiety about God's anger. Therefore, maintaining social coherence among regularly intertwined communities and empires requires adherence to set principles. Individuals may be afraid of being chased, banned, or excluded from their society if they abandon African cultural practices (Rus, and Groselj, 2021:100).

More so, some participants indicated that the reason or motive behind their visit and allowing their children to get immunised is because of pressure from family. In other words, family members fear the pressure exerted on by the people they marry or stay with, which is why many people visit African traditional healers for immunisation. Researchers have identified social norms and peer

pressure as reasons why Christians (DRCs) adhere to African cultural practices, despite it being against church doctrines or teachings. Van Gennep, (2019:100) denoted that observing cultural customs has a significant influence on the lives of many African people. From this vantage point, preserving public acceptance and integration is equally as vital as preserving cultural heritage. In this situation, African customs such as *Muthuso wa vhana*, which are specific to a particular society like the Vhavenda, along with societal demands and cultural significance, play a crucial role in maintaining African cultural practices (Argyriou, Economou, and Bouki, 2020: 856). More so, many African groups/cultures have solid customs and rites that have been passed down through the generations. African health care, cultural practices, and procedures are just a few of the many traditions that permeate this group of activities (Ramaube, 2018:115). However, some participants argue that religion and culture play a significant role in why many individuals, particularly Christians, visit African traditional healers for *muthuso wa vhana*. To corroborate, cultural significance and identity have been revealed as one of the reasons for the Christians (DRC) to adhere to African cultural practices, although against church teaching. African cultural practices, like rituals, are powerful manifestations of society's importance and identity, not just conventional medical procedures. Numerous African groups have knitted these customs into their fabric, making them an essential component of their history and customs (Bangura, et al., 2020:03). According to Bhuda, Marumo, and Motswaledi, (2022: 19154), African cultural practices have been passed down through the years and are an important means of establishing a connection between people and their ancestors, as well as the origins of their cultural heritage. Furthermore, adopting African cultural practices is a method for many African communities to honour the knowledge of their ancestors (Gumbo and Singh-Pillay, 2022:05).

4.6. Chapter Summary

The study delves into the perspectives of the Reformed Church regarding "*Muthuso wa vhana*," a traditional immunisation practice among the Vhavenda community, focusing on the Soutpansberg Synod. It explores the community's knowledge and understanding of *Muthuso wa vhana*, including its various forms like taboo, Tshiunza, incision/sacrificial immunisation, and giving a name, along with the purpose behind these practices, such as disease prevention and protection from witchcraft. The chapter discussed the church's position on *Muthuso wa vhana*, emphasizing doctrinal considerations and scriptural references. Additionally, the study examines reasons for the church's

adherence to *Muthuso wa vhana*, including religious and cultural factors, challenges faced by the community, fears regarding consequences and death, and pressures from family members.

Chapter Five: Recommendations and Conclusion

5.1. Recommendations

Several recommendations will be put into play on the following topic: “*A Reformed Church Perspective on “Muthuso wa vhana” (Vhavenda Traditional Immunisation Practice): A Case Study of the Soutpansberg Synod of the Reformed Churches in South Africa.*” The following recommendations are as follows:

5.1.1. Recommendations to the Church

- ❑ There is a need to encourage pastors and intellectuals to create contextualized doctrinal reactions to *Muthuso wa vhana*. These solutions ought to be biblically based while also considering the Vhavenda people's cultural and socioeconomic realities. Such a strategy can assist the church in providing appropriate and compassionate direction that acknowledges the meaning of customs from different cultures while remaining true to Christian values.
- ❑ There is a need to create church leadership development programmes that stress awareness of culture and expertise. Recognising the Vhavenda people's profound cultural norms and values might help pastors confront *Muthuso wa vhana* challenges more efficiently and compassionately.
- ❑ There is a need to build partnerships among churches, medical specialists, and cultural experts to provide accurate data on ancient customs such as *Muthuso wa vhana*. This collaboration can help unravel these customs, tackle health issues, and investigate safe, socially acceptable options.

5.1.2. Recommendations to the Communities

- ❑ There is a need to educate community members about the importance of adhering to their African customs for example *muthuso wa vhana*. The reason why there is a need to educate is that many community members they are now looking down upon their African customs because of the inversion of western beliefs that was brought by the colonialism (religion-or bible).

5.1.3. Recommendations to the Future Researchers

- ❑ Future researchers should delve deeper into the myth that underlies the use of African traditional medicines to treat specific infant illnesses. The reason is that with Western health medicines, they are also curing such diseases. Therefore, future researchers should focus their efforts on studying these African medicinal practices.

5.2. Conclusion

In conclusion, the study delves into the perspectives of the Reformed Church regarding "*muthuso wa vhana*," a traditional immunisation practice among the Vhavenda community, focusing on the Soutpansberg Synod. It explores the community's knowledge and understanding of *muthuso wa vhana*, including its various forms like taboo, *Tshiunza*, incision/sacrificial immunisation, and giving a name, along with the purpose behind these practices, such as disease prevention and protection from witchcraft. The researcher discussed the church's position on *muthuso wa vhana*, emphasizing doctrinal considerations and scriptural references. Additionally, the study examines reasons for the church's adherence to *muthuso wa vhana*, including religious and cultural factors, challenges faced by the community, fears regarding consequences and death, and pressures from family members. According to the study, to achieve peaceful cohabitation, church leaders must adopt suggestions for outreach to the community, contextualise doctrinal responses, and be aware of cultural differences.

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Appendices

Appendix A: Letter Requesting Participation

Dear participant

My name is **Ntsieni Mawedzha**, currently doing my 2nd year of a Master's Degree in Theology at the University of Venda. In addition, I am doing a study on “*A Reformed Church Perspective On “Muthuso wa vhana” (Vhavenda Traditional Immunisation Practice): A Case Study of The Soutpansberg Synod of The Reformed Churches in South Africa*”. As part of this study, I am expected to collect data from identified participants. During the data collection, the researcher adopts an interview.

- You are kindly invited to be a participant in this study. The session will take approximately two hours. You are kindly requested to read and sign the informed consent form provided to you. Participation in this study is voluntary and anonymous.
- Should you have questions regarding the study or wish to report any problem you have experienced related to the study, please do contact the researcher.

Mr. Ntsieni Mawedzha

University of Venda

Signature:

Date:

Cell: (+27) 72 785 5956

Email: ntsieni.mawedzha@univen.ac.za.

Appendix B: Informed Consent Letter

I,, hereby permit you to voluntarily participate in this study with the following understanding:

- Mr. Ntsieni Mawedzha**, from the University of Venda, is conducting the research.
- The research is part of the requirements for **Mr Ntsieni Mawedzha**, Master's Degree in Theology.
- All the information will be collected by employing interviews.

My rights as a participant:

- I cannot be forced to participate in the study.
- I have the right to withdraw from the study at any time.
- I will remain anonymous, and my name and identity will be kept from the public.
- Any information I reveal during the process of the study will remain confidential. Such information shall only be used for this study and publication by **Mr. Ntsieni Mawedzha**.
- I grant permission for any information I reveal during the interview process, with the understanding that the data collected will remain in the possession of the interviewer, **Mr. Ntsieni Mawedzha** and her supervisor.
- The identification such as surnames and names will be kept securely safe in **Mr Ntsieni Mawedzha's** safe.

Participant signature

Date.....

Appendix C: Semi-Structured Interview Guide



University of Venda

Department of Human Science

INTERVIEW GUIDE

For a research study entitled:

“A Reformed Church Perspective On Muthuso wa vhana (Vhavenda Traditional Immunisation Practice): A Case Study of The Soutpansberg Synod of The Reformed Churches in South Africa”

Research conducted by: Ntsieni Mawedzha

Contact details: Mobile (+27) 72 785 5956

Email: ntsieni.mawedzha@univen.ac.za.

PARTICIPANTS’ GUIDELINES- Your assistance and participation in this interview as honestly as possible will be appreciated.

- The researcher is committed to upholding ethical values and will adhere to ethical conduct as it applies to academic research projects in higher educational institutions in South Africa.
- Your participation is voluntary, and you can withdraw whenever you no longer want to participate.
- Participants’ responses will be treated in the strictest confidence; anonymity will be guaranteed.

INSTRUCTIONS -There are no **RIGHT** or **WRONG** answers, just be honest about your perceptions and respond with as much detail as possible.

Section A: Biographical Data

This section of the interview guide pertains to biographical information. Although we are aware of the sensitivity of the questions in this section, the data you will provide enable us to get a clear understanding of *“A Reformed Church Perspective On Muthuso wa vhana (Vhavenda Traditional Immunisation Practice): A Case Study of The Soutpansberg Synod of The Reformed Churches in South Africa”*.

Please answer the following questions by crossing (×) the relevant block

1. Gender

Male	
Female	
Other	

2. Age

35-55	
56-65	
65-75	
76-85	

3. Occupation

Employed	
Unemployed	
Self-Employed	

4. Role in the community

Traditional Healer	
Community Member	
Church Members	
Pastors	

Section B

This section explores “*A Reformed Church Perspective On “Muthuso wa vhana” (Vhavenda Traditional Immunisation Practice): A Case Study of The Soutpansberg Synod of The Reformed Churches in South Africa.*”

Question 1

- English:** What is your understanding/view, opinion, or comprehension about *Muthuso wa vhana*?
- Tshivenda:** Ndi kufhio kuvhonele kwavho malugana/nga ha muthuso wa vhana?

Question 2

- English:** What do you think is the significance of the practice of *Muthuso wa vhana*?
- Tshivenda:** Vha humbula uri muthuso wa vhana ndi wa ndemedede?

Question 3

- English:** Do you think the practice of *Muthuso wa vhana* is against the doctrine of the church, if yes/No Explain Your Answer.
- Tshivenda:** Vha humbula uri muthuso wa vhana u a lwa/kudana na pfunzo ya kereke? Arali phindulo yavho i “ee!” kana “hai!”, kha i tikedze.

Question 4

- English:** Are there scriptural references or linkage that support with practice of *Muthuso wa vhana*?
- Tshivenda:** Hu na thikhedzo naa nga zwi bvaho Ipfhini la Mudzimu siani la muthuso wa vhana?

Question 5

- English:** What do you think is the motive behind the practice of *Muthuso wa vhana* amongst people?
- Tshivenda:** Vha vhona ndivho i i ifhio kha u tutuwedza u thusiwa ha vhana?

Question 6

- English:** How do peer pressure and societal norms influence people to practice *Muthuso wa vhana*?
- Tshivenda:** Mutsiko wa thanga na wa ndavhelelo ya tshitshavha zwi tutuwedza hani kha u thusiwa ha vhana?

..... **THANK YOU**

Appendix D: Turnit-In Report

A REFORMED CHURCH PERSPECTIVE ON “MUTHUSO WA VHANA” (VHAVENDA TRADITIONAL IMMUNISATION PRACTICE): A CASE STUDY OF THE SOUTPANSBERG SYNOD OF THE REFORMED CHURCHES IN SOUTH AFRICA.

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Appendix E: Letter from the Editor



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EDITOR'S LETTER

07 June 2024

This is to certify that the Dissertation titled “*A Reformed Church Perspective on Muthuso Wa Vhana (Vhavenda Traditional Immunisation Practice): A Case Study of The Soutpansberg Synod of The Reformed Churches In South Africa*” by Ntsieni Mawedzha (Student No.: 19019806) has been edited and proofread for grammar, spelling, punctuation, overall style, and logical flow. The editing was done using the track changes feature in MS Word and the editor’s vast experience in English Language. These attributes give the author final control over whether to accept or reject effected changes prior to submission, provided the changes which have been recommended are affected to the text. The language in this dissertation is of an acceptable standard. If external examiners need further editing, we will do it for free.

Kind regards,
Mr Tichaona Masuka

(Editor) (BED English Honours, MA English)



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